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# Short Form Return of Organization Exempt From Income Tax

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED APR 3 0 2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**Open to Public** Inspection

Α	For the	2011 calendar year, or tax year beginning , 2011, and ending	, 20
В	Check if ap	plicable C Name of organization D Emp	loyer identification number
	Address c	hange American Chemical Society Division of Nuclear Chemistry and Technology	52-6060201
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele	phone number
닏	Initial retur	[CO Alice multay, Savallian River National Laboratory, 113-M, SRS	803-725-0440
H	Terminate Amended	City or town state or country, and /IP + 4	up Exemption
Ħ	Application	Ailton Coudh Corolina 20000	mber ▶ 0945
G			▶ ☐ If the organization is not
	Websit		d to attach Schedule B
J 1	ax-exen		990, 990-EZ, or 990-PF).
-	Check ▶		ts gross receipts are normally
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re	
		nization chooses to file a return, be sure to file a complete return	<b>4(</b>
	_	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	,
ı	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ ¢
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Part I )
		Check if the organization used Schedule O to respond to any question in this Part I	·
_	1	Contributions, gifts, grants, and similar amounts received	1 121088.00
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3 29241.10
	4	Investment income	4 71.14
	5a	Gross amount from sale of assets other than inventory   5a	
	b	Less: cost or other basis and sales expenses	
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 6	Gaming and fundraising events	5C
	-	Gross income from gaming (attach Schedule G if greater than	
<u>o</u>	а	4.5 000	<b>753</b>
Revenue	_	- V	
ě	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the	
Œ			194.3
			유기
	C	Less: directexpenses from gaming and fundraising events 6c	] <del>-</del>
	d	Net income or itoss) รักษ์กา-gaming and fundraising events (add lines 6a and 6b and subtract line 6a)	
	l _		6d
	7a		1 ,1
	b	Less Gost of goods sold	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
-	8	Other revenue (desarbeun schedule O)	8 2676.06
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 153076.30
	10	Grants and similar amounts paid (list in Schedule O)	10 90852.53
	11	Benefits paid to or for members	11
ě	12	Salaries, other compensation, and employee benefits	12
Ë	13	Professional fees and other payments to independent contractors	13
Expenses	14	Occupancy, rent, utilities, and maintenance	14
W	15	Printing, publications, postage, and shipping	15 1893.52
	16	Other expenses (describe in Schedule O)	16 13680.64
	17	Total expenses. Add lines 10 through 16	17 106426.69
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 46649.61
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	
As		end-of-year figure reported on prior year's return)	19 112929.07
<u>e</u>	20	Other changes in net assets or fund balances (explain in Schedule O)	20
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21 159578.68

Cat No 10642I

Form **990-EZ** (2011)

Pa	til Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to an	ny question in this			<u> </u>
			ļ	(A) Beginning of year	<u>_</u>	(B) End of year
22	Cash, savings, and investments			112929.07	22	159578.68
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	, , , , , , , , , , , , , , , , , , ,				26	
27	Net assets or fund balances (line 27 of column			112929.07	27	159578.68
Par	<del></del>				l	Expenses
	Check if the organization used Schedule			Part III		quired for section
What	t is the organization's primary exempt purpose?	scientific and profes	ssional society			(c)(3) and 501(c)(4) anizations and section
Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	orogram services,		7(a)(1) trusts, optional
perso	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	ach program title.				others)
28	Summer School in Nuclear and Radiochemistry: The					
	undergraduate students. The students are selected	and receive fellowsh	ips based on acade	mic record. The	1	
	Division pays for faculty, equipment, supplies, etc.					
		ıncludes foreign gra			<b>28</b> a	85820.55
29	The Division supported scientific symposia at two n					
	benefit of approximately 900 members including pay	ying registration and	travel for select scie	entific guests		
	and officers;					
		includes foreign gra			<b>29</b> a	13117.64
30	The Division supported symposia at two regional m					
	Regional Meeting and Southwest Regional Meeting.					
	ACS National meeting commemorating 100th annive		+			
		ıncludes foreign gra	ints, check here .	<u></u> . ▶ □_	30a	3836.98
31	Other program services (describe in Schedule O)				}	
		ıncludes foreign gra			31a	
_	Total program service expenses (add lines 28a				32	
Par				•	nstru	ictions for Part IV.)
	Check if the organization used Schedule	O to respond to a			<del></del>	<u></u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-		- [13	Estimated amount of other compensation
Mich	nael Bronikowski, Savannah River National	Chair, 4				
Labo	oratory, Aiken, SC 29808			0	0	0
Kenı	neth L. Nash, Chemistry Department, Washington	Chair Elect, 1				
State	e University, Pullman, WA 99164			0	0	0
Robe	ert Rundberg, Los Alamos National Laboratory,	Vice Chair, 0.5				
Los	Alamos, NM 87545			0	0	0
Alice	Murray, Savannah River National	Treasurer, 2				
Labo	oratory, Aiken, SC 29808		-	o	0	0
W. F	rank Kinard, Department of Chemistry and	Secretary, 1				
Bioc	hemistry, Coll of Charleston, Charleston, SC 29424	, ·		0	0	0
Stev	en Yates, Department of Chemistry, University of	Councilor, 0.3				
Kent	tucky, Lexington, KY 40506			o	0	0
Daw	n A. Shaughnessy, Lawrence Livermore National	Alternate			1	· · · · ·
	oratory, Livermore, CA 94550	Councilor, 0.1		o	0	0
	Mignerey, Chemistry Depratment, University of	Executive			$\top$	
	land, College Park, MD 20742	Committee, 0.1		o	0	0
	d Morrissey, Chemistry Department, Michigan	Executive			十	
	e University, East Lansing, MI 48824	Committee, 0.1		o	0	0
			-		+	
		†				
	<del></del>		-		+	
		1				
				<del>                                     </del>	+	
					ı	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Tes	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	00-		
<b>h</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		
ь 39	Section 501(c)(7) organizations. Enter:	ł		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b> `
41	List the states with which a copy of this return is filed. ▶			
42a		BO3 72	<del>-</del>	D 
h	Located at ► Savannah River National Laboratory 773-A A229 Aiken, SC ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	29	908 Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
	· · · · · · · · · · · · · · · · · · ·		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	_	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
				, ∀

Form 99	0-EZ (2	011)						F	age 4
46	Did t	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposi	tion ;	Yes	No
Part	VI	andidates for public office? If "Yes," of Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	ot charita	ble trusts on	ly. All sec		<b>.</b> ✓
		501(c)(3) organizations and section			trusts mu	ıst answer qu	estions 4	7–491	b
		and 52, and complete the tables							
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pan	t VI	<u></u>		$\sqcup$
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in eff	ect during the	tay [	Yes	No
71	year?	If "Yes," complete Schedule C, Part	:11				. 47		1
48		organization a school as described in					. 48		<b>✓</b>
49a		ne organization make any transfers to	•	_			. 49a	-	<b>✓</b>
b		es," was the related organization a se					49b	<u> </u>	
50		plete this table for the organization's oyees) who each received more than							
	cilibi	byees, who each received more than		<u> </u>		lealth benefits,	e, enter i	-	
	(a) N	ame and address of each employee paid more than \$100,000	<ul><li>(b) Title and average hours per week devoted to position</li></ul>	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to employee plans, and deferred empensation	(e) Estimate other con		
None									
				1					
				<del></del>					
			**						
f		number of other employees paid over			0				
51		plete this table for the organization's ,000 of compensation from the orga			ent contra	ctors who eacl	n received	more	than
(a)	Name a	nd address of each independent contractor pai	d more than \$100,000	(b) Type of	service	(c	) Compensati	on	
None									
				-					
				-		-			
									_,
		·							
d	Total	number of other independent contra	ctors each receiving	over \$100.000	.▶	I	0		
52		ne organization complete Schedule A	J		ons and 49	047(a)(1)			
		xempt charitable trusts must attach a					► ✓ Yes		No
		of perjury, I declare that I have examined this rud complete. Declaration of preparer (other than					nowledge an	d belief	, it is
			Gressurer			Caril 2	,2012		•
Sign Here		Signature of officer Alice M. Murray, Treasurer				Date	-		
	_	Type or print name and title					<del>.</del>		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _	f PTIN		
Prep	arer		<u> </u>			self-emplo			
Use		Firm's name	· · · · · · · · · · · · · · · · · ·			Firm's EIN ▶			
March	20106	Firm's address >	shown shows? See	unetru etiene		Phone no	<u> </u>	<u> </u>	Na.
iviay (f	ie ino	discuss this return with the preparer	PIONU SPONE SEE	matructions	· · · <u>· · · · · · · · · · · · · · · · </u>	<u> </u>	►    Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y	<u>.                                     </u>	No _

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 2011 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number** 52-6060201

			in On in (All		<del></del>		Ale:	4 \ 0 :				_
Part			rity Status (All orga						nstructio	ns.		
			ation because it is: (Fo						,			
			170(b)(1)(A)(ii). (Attac			su III SEC	1011 170	יויליאלוי ולמי	<i>)</i> .			
			spital service organiza			section 1	70(6)/1)/	Δ\fiii\				
			on operated in conjun						)(b)(1)(A)(	iii). Enter	the	
-		ne, city, and state	•	otion with	i a noopii	ui docoiii	JOG III GG	00011 111	J(-)( -)(r y(	,		
5	-	-	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit de	escribe	ed in
,		)(1)(A)(iv). (Com		g				-, - 5-				
6			nment or government	al unit de	scribed ır	section	170(b)(1	)(A)(v).				
			receives a substantia						nit or from	the gen	eral p	ublic
•			(A)(vi). (Complete Par		, ,		_			_		
8	A community	trust described i	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	ırt II.)						
9	☑ An organizatio	n that normally	receives: (1) more that	an 331/3%	of its su	apport fro	om contri	butions,	members	hıp fees,	and g	ross
	receipts from	activities related	d to its exempt funct	ions-sul	bject to d	certain ex	ceptions	s, and (2)	no more	than 33	1/3% (	of its
		•	ent income and unre				•		n 511 ta	k) from t	ousine	sses
	acquired by the	ne organization a	ifter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com <sub>l</sub>	olete Par	t III.)				
			d operated exclusively									
11			nd operated exclusive									
			olicly supported organ								ee <b>se</b> c	tion
			describes the type of		-			ete iines 1				
,	_a ∐ Type1				III-Funct			•		Type III		
e	By checking t	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	' indirecti	y by one	or more o	isqualitie	ea per	sons
	or section 509	_	ers and other than one	e or more	e publicly	support	eu organ	izations (	Jeschbeu	III Sectio	11 309	(4)(1)
f			a written determination	on from t	the IRS t	hat it ic	a Type	I Type	ll or Tyn	a III sun	nortini	_
•	-	check this box					a type	1, 1 ypc				•
g	•		he organization accep		aift or co	ontributio	n from a	nv of the	•			
3	following pers		,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>3</b>			,			_	
			indirectly controls, eit							ıd	Yes	No
	(III) below,	the governing b	ody of the supported	organızat	ion?					11g(i)		
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(ii)		_
			a person described in							11g(iii)		_
<u>h</u>	Provide the fo	llowing informat	on about the support	<del></del>								
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		ls the tion in col		nount o	f
	Organization		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	Suj	pport	
			(see instructions))		l Na		port?	Yes	S?			
	<del></del>	-		Yes	No	Yes	No	res	No			
(A)												
	<del></del>	-					<del>                                     </del>	<del>                                     </del>	<del> </del>			
(B)												
·C)						-						
(C)										_		
(D)												
				ļ			<u> </u>	<b> </b>	<b>-</b>		_	
				1		1	1	1	1			
(E)									_			

Schedu	le A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		Marie Company of the Company of	Total Control of Control			
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			18 24 35			
	on B. Total Support				,	T	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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						
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			2.3	ર્ચ . ′		
12	Gross receipts from related activities, etc	-	•			12	
13	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
O1:	organization, check this box and stop he		<u> </u>		· · · ·	· · · · ·	<u> </u>
	on C. Computation of Public Suppo			1 column (f)		14	%
14 15 16a	Public support percentage for 2011 (line Public support percentage from 2010 Sc 331/3% support test—2011. If the organic	hedule A, Part	II, line 14 .			15	%
	box and stop here. The organization qua			-			
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33 <sup>1</sup> / <sub>3</sub> % 	or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts- facts-and-circu	and-circumsta	nces" test, ch	eck this box ar	nd <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization in supported organization in the control organization	tion meets the neets the "facts 	facts-and-ci - and-circums 	rcumstances" tances" test. T 	test, check the organization	nis box and <b>st</b> in qualifies as a	op here. a publicly .
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

### 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.)

CA:	n the organization rails to quality	under the tes	is listed beit	w, piease co	impiete Fait I	<u>!·/</u>	<del></del>
	on A. Public Support	( ) 0007	4.1.0000	(-) 0000 T	(4) 0040	(1) 0044	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	425000	400000	445544	440400	450000	740007
2	Gross receipts from admissions, merchandise	135223	139038	145514	143123	150329	713227
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		_				
4	Tax revenues levied for the					·	
	organization's benefit and either paid		i				
	to or expended on its behalf				ł		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	135223	139038	145514	143123	150329	713227
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	received from other than disqualified					ŀ	
	persons that exceed the greater of \$5,000			İ			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from						
U	line 6.)						713227
Sacti	on B. Total Support					!/	713227
		(a) 2007	(h) 2000	(c) 2009	(4) 2010	(a) 2011	/f) Total
	dar year (or fiscal year beginning in)	(a) 2007 135223	(b) 2008 139038	145514	(d) 2010 143123	(e) 2011 150329	(f) Total 713227
9	Amounts from line 6	135223	139030	143314	143123	150329	/1322/
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.	053	225	630	444	2747	5527
	·	953	775	638	414	2747	5527
b	Unrelated business taxable income (less		i				
	section 511 taxes) from businesses acquired after June 30, 1975						
		0	0	0	0	0	
	Add lines 10a and 10b	953	775	638	414	2747	5527
11	Net income from unrelated business		į				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					•	
	loss from the sale of capital assets					l	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					l	
	and 12)	136176	139813	146152	143537	153076	718754
14	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he				<u> </u>	<u> </u>	<u> </u>
<u>Secti</u>	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2011 (line 8	• • • • • • • • • • • • • • • • • • • •	-			15	99.23 %
16	Public support percentage from 2010 Sch			<u> </u>	<u></u>	16	99.45 %
Secti	on D. Computation of Investment In					<del></del>	
17	Investment income percentage for 2011 (			=		17	0.76 %
18	Investment income percentage from 2010					18	0.55 %
19a	331/3% support tests-2011. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this t		_				_
20	Private foundation. If the organization di	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization 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 Employer identification number

American Chemical Society Division of Nuclear Chemistry and Technology	52-6060201
1. 2011 Form 990-EZ Line 8 = book royalty income of \$2676.06	
2. 2011 Form 990-EZ Line 10 = grants paid to support:	
a. Operation of a Summer School in Nuclear and Radiochemistry sponsored by this organization \$850	320.55
b. Two awards to students \$1000.00	
c. Scientific symposia for members \$4031.98	
3. 2011 Form 990EZ Line 16 = Miscellaneous expenses	·
a. Guest registrations at scientific meetings - \$355.00	
b. Payments to the American Chemical Society for scientific conference costs such as venue, audio/v. c. Officer travel = \$1390.00	risual, etc = \$11372.64
d. reimbursement for a 1990 uncashed check = \$500.00	······
e. administrative costs -\$63.00	
······	
······································	