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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 For the 2012 calendar year, or tax year beginning . 20 D Employer identification number C Name of organization American Chemical Society's New York Section, Inc. Check if applicable Address change Doing Business As 13-1926773 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return c/o St. John's University, 8000 Utopia Parkway 516-783-6281 City, town or post office, state, and ZIP code П Terminated Amended return G Gross receipts \$ Jamaica, NY 11439 Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No ₹ 501(c)(3) if "No," attach a list (see instructions) 501(c) () **◀** (insert no) [☐ 4947(a)(1) or Tax-exempt status Website: ▶ www newyorkacs.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust L Year of formation 1935 | M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. Chemical Education and Professional Development in the field of Chemistry Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 93,574 108,910 Revenue Program service revenue (Part VIII, line 2g) 9 18,679 19,540 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 17,370 37,760 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 129,623 166,210 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 38,530 24,400 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 95,982 101.461 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 134,512 125,861 19 -4,889 40,349 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 AUG 1 541,101 581,450 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21-from-line-20 541,101 581,450 Signature Block Under penalties of penury, I declare that I have examined this return-including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Date けるのまと Type or print name and Preparer's signature Date Print/Type preparer's name Check 🗸 ıf Paid self-employed Frank Grayeski 13-3678330 Preparer Firm's EIN ▶ Use Only Firm's address ▶ 215 Blackburn Road, Summitt, NJ 07901 Phone no 917-860-0691 May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) Cat No. 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. 🗸
1	Briefly describe the organization's mission.	· · ·	
•	Chemical Education and Professional Development in the field of Chemistry		
2	Did the organization undertake any significant program services during the year which were not listed on the		٠
		☐ Yes 🔽	J No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
3		☐ Yes 🗸	l No
	If "Yes," describe these changes on Schedule O.	162 V] IAO
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measur	ed by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grants are required to report the grants are required to report the amount of grants are required to report the grants are requir		
	the total expenses, and revenue, if any, for each program service reported.		•
4a	(Code: 541700) (Expenses \$ 84,610 including grants of \$ 6,000) (Revenue \$	14,352)	
	Nichols Medal Symposium and Banquet honors an exceptionally distinguished chemist. It is an all day event		
	at which the honoree and three colleagues present lectures about their research. The symposium is followed		
	by a reception and banquet.		
4b	(Code: 541700) (Expenses \$ 20,293 including grants of \$ 1,800) (Revenue \$	-0-)	
	Project SEED provides summer research funds for high school students from low income families.		
			
4c	(Code. 541700) (Expenses \$ 8,179 including grants of \$ 1,400) (Revenue \$	1,145)	
	Undergraduate Research Symposium brings together college students from institutions within the section to		
	present their work in a public forum		
			
4d	Other program services (Describe in Schedule O)		
-u	(Expenses \$ 12,779 including grants of \$ 0) (Revenue \$ 4,043)		
4e	Total program service expenses ► 125.861		

Part I	V Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	→
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		1
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		√
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? If "Yes," complete Schedule D, Part II	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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			5 5 ~
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓	
	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 and XII	12a		1
Ь	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 and XII 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 b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		√
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		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		(2012

Part	Checklist of Required Schedules (continued)	· · · · ·		
-	D. 11		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	✓	
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		√
С	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		1
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):			age of the second
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
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		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, 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," 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			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	√	
			000	(2012)

Check if Schedule O Contains a response to any question in this Part V Yes N Enter the number of Forms W-2G included in line 1s. Enter-0- if not applicable Defence the number of Forms W-2G included in line 1s. Enter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the provided in line 2s. Inter-0- if not applicable Defence of the sum of line 2s. Inter-0- if not applicable Defence of the sum of line 2s. Inter-0- if not applicable Defence of the sum of line 2s. Inter-0- if not applicable Defence of the sum of line 2s. Inter-0- if not applicable and applicable and application and applicable and application and provided in line 2s. Inter-0- if not applicable and a	Part				
the Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 0 of Did the organization comply with backup withholding rules for reportable payments to vendors and personable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a of Bit I alteast one is reported on line 2a, did the organization all required federal employment tax returns? 3b If at least one is reported on line 2a, did the organization fall required federal employment tax returns? 3c I was the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and 2a large and 1a and 2a is greater than 250, you may be required to e-file (see instructions) and 2a large and 2		Check if Schedule O contains a response to any question in this Part V	<u>···</u>	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2b Istatements, filed for the calendar year ending with or within the year covered by this return 1 If a test one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5d At any time during the calendar year, did the organization have an interest in, or a sugnature or other authority over, a financial account in a foreign country. 5d Was the organization aparty to a prohibited tax sheller transaction? 5d Was the organization aparty to a prohibited tax sheller transaction? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization self. If years to line 5a or 50, did the organization that it was or is a party to a prohibited tax sheller transaction? 5d Was the organization self. In organization in the form 8898 are countributions or gifts were not tax deductible? 7 Organizations self any contributions and services provided? 5d If "Yes," did the organization indiffy the donor of the value of the goods or services provided? 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If the organization self. In organization organization self. In organization, a personal benefit contract? 7d If the organization received a contr	b	· · · · · · · · · · · · · · · · · · ·	0	100	
a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2e, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e- file (see instructions) If 1'Yes, 'bas if filed a Form 990-T for this year? I' No, 'provide an explanation in Schedule O. If 1'Yes, 'bas if filed a Form 990-T for this year? I' No, 'provide an explanation in Schedule O. If 1'Yes, 'bas if filed a Form 990-T for this year? I' No, 'provide an explanation in Schedule O. If 1'Yes, 'bas if filed a Form 990-T for this year? I' No, 'provide an explanation in Schedule O. If Yes, 'bas if filed a Form 990-T for the year? I' No, 'provide an explanation in Schedule O. If Yes, 'bas if filed a Form 10 F 99-221, Report of Foreign Bank and Filancial Accounts, over, a financial account in a foreign country, lew as a bank account, securities account, or other financial accounts. If Yes, 'bas if the organization a party to a prohibited tax shelter transaction at any time during the tax year? If Yes' to line 5 ao r 5b, did the organization file Form 10 F 99-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization file Form 10 F 99-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization file Form 10 F 99-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization file Form 10 F 99-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization file Form 10 F 90-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization file Form 10 F 90-221, Report of Foreign Bank and Filancial Accounts. If Yes' to line 5 ao r 5b, did the organization filancial Accounts of the organization solid and the substance of the	С				-
Statements, filled for the calendar year ending with or within the year covered by this return 2 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . 3a J Did the organization have unrelated business gross income of \$1,000 or more during they ear? . 3a V J If "Yes," has it filled a Form 990-1 for this year? If "No," <i>provide an explanation in Schedule O</i> . 3b J V 3b J If "Yes," has it filled a Form 990-1 for the year? If "No," <i>provide an explanation in Schedule O</i> . 3b J V 3b J If "Yes," anter the name of the foreign country, level as a bank account, or other authority over, a financial account in a foreign country (such as a bank account, or other financial account, or other financial account)? If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form 15 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction? If "Yes," to file a foreign accounts that it was or is a party to a prohibited tax shelter transaction? If "Yes," to file a foreign accounts that it was or is a party to a prohibited tax shelter transaction? If "Yes," to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations state may receive deductible contributions under section 170(c). If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," indicate the number of Forms 8282 filed during t			1c	7	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines to and 2a is greater than 250, you may be required to e-file feem entructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a V 3b If "Yes," has it flied a Form 390-T for this year / If "No," provide an explanation in Schedule O. 3b V 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, securities account, or other financial account; b If "Yes," enter the name of the foreign country. P See instructions for filing equirements for form 10 F 90-221, 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? 5b If any taxable party notify the organization file Form 8886-T? 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 as chartable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive any funds, directly or indirectly, to na personal benefit contract? 9 Did the organization organization or qualified intellectual property, did the organization for the payor? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. New excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. New excess bu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>hie</i> (see instructions). 3a		Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		1 4
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>hie</i> (see instructions). 3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .			
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4 At any time during the calendar year, dut the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form B886-T7 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made partly as a contribution or of if the organization receive a payment in excess of \$75 made partly as a contribution or 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 required to file form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization sell and sometimal part of the paymen				A I	
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a Very support of the organization receive any payments for indoor tanning services during the tax year?	е			L	✓
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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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11a 12b 15 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 16 f"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 14a 14a 15b 13c 14a			7h		-
organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12	8			ان کار استان شها	
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?			0	ـ المُ	
a Did the organization make any taxable distributions under section 4966?				2000	√
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	9			200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12		·			+
a Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·		183	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			***		
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·	E23	100	
b Gross income from other sources (Do not net amounts due or paid to other sources 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 13b 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 13b C Enter the amount of reserves on hand 13c C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a V	11	· · · · · · · · · · · · · · · · · · ·	- 100 A	د وجود د در	1
against amounts due or received from them.)	а				建 在
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources			371
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13c 14a	12a		12a	****	
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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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14b	13		1490		
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	а		13a	2.000	2 Sec. 20
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	þ	of the first the second of the			
14a Did the organization receive any payments for indoor tanning services during the tax year?	_				
-			140	经基础	<u> </u>
	148 h	The state of the s	_	-	+

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S		urucu	
0-4	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	. [√]
Section	on A. Governing Body and Management		Yes	l Na
	en a la caración de la companya de l		res	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 37			h
	If there are material differences in voting rights among members of the governing body, or			ii.
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	·			1
р	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	Did the organization delegate control over management duties customarily performed by or under the direct	2		/
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	_		
4		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6	•	✓
6 7a	Did the organization have members or stockholders?	-		V
14	one or more members of the governing body?	70		1
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		₩-
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		
U	the year by the following:			
_	The governing body?	8a		
a	Each committee with authority to act on behalf of the governing body?	8b	∀	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
<u> </u>	on b. 1 dides (This occion b requests information about policies not required by the internal never	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		<u> </u>	
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			[
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	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			1
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	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	1 501	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	t inte	rest p	oolicy
	and financial statements available to the public during the tax year.	_£ 11		
20	State the name, physical address, and telephone number of the person who possesses the books and records	or the	;	
	organization: ► Robert Nolan. 928 Summit Avenue, Jersey City, NJ 07307			

	•		
Form	aan	(2012)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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	aniz	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos neck ss pe	rson	than on the state of the state	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the
•	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) JamieLee I. Rizzo	5			/						
Chair	2			•	-		\vdash	0	. 0	0
(2) Philip H. Mark Chair-Elect	∤ -		ŀ	/	1			0	,	o
	3			<u> </u>				0		
(3) Brian R. Gibney Secretary	† 3	l		1				o	0	0
(4) Robert P Nolan	3			Ť	<u> </u>					
Treasurer	† -	ĺ		1	l			0	0	0
(5) Hiroko I. Karan	1		\vdash							<u> </u>
Past Chair		1		✓				0	0	o
(6)										
(7)										
(8)									***	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	<u> </u>									

	(A) Name and title	(B) Average hours per week (list any	box,	ot ch unles	Pos leck s pe	more rson	e than o is both or/trust	ı an	(D) Reportable compensation from	(E) Reportab compensation related		(F Estim amou oth	ated int of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		comper from organi and re organia	nsation the zation elated
(15)													
(16)													.
(17)								-					
(18)													
(19)													
(20)								-					
(21)													
(22)												-	
(24)													
(25)					_								
1b	Sub-total		<u> </u>		_	<u></u>		 					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				-			>					
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$1	00,000	O of	
3	Did the organization list any former of	,	tor, c	r tr	uste	ee.	kev e	emp	oloyee, or high	est compe	nsate		Yes No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the								nd other comm	Jonantian fr	om th	3	1
4	organization and related organizations												√
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc		<u> </u>	· ·
Section	on B. Independent Contractors	, 00, 0	· · · · · ·		-		-	-			• •	<u> </u>	•
1	Complete this table for your five highest compensation from the organization. Repyear.	-											n's tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	tion
None		_											
2	Total number of independent contractor							th	nose listed ab	ove) who			

Part	VIII	Statement of Revenue						
		Check if Schedule O contains	a respo	onse to any quest				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
ara: our	b	Membership dues .	1b	18,793	i			
S, (С	Fundraising events	1c					+
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	1d	26,054				
S, E	е	Government grants (contributions)						
rio S 's	f	All other contributions, gifts, grants						
혈美	}	and similar amounts not included above		64,063	j			
ם פֿר	g	Noncash contributions included in lines						
	h	Total. Add lines 1a-1f		· · · · •	108,910			
uge L				Business Code				
eve	2a	Nichols Symposium		541700	14,352	14,352		-
e E	b	Chemagination		541700	1,720	1,720		+
Ξ̈́	C	Undergrad Research Symposius Chemistry Olympiad	n 	541700	1,145	1,145		
Š	d	Chemistry Olympiad			2,025	2,025		
Program Service Revenue	e	All other program service reve		541700	298	298		
o.	g	Total. Add lines 2a–2f			19,540	230		
	3	Investment income (including	dıvıd	lends, interest,	13,340			
				▶	37,760	37,760		
	4	Income from investment of tax-ex	empt b	ond proceeds ►	, ,			
	5	Royalties		▶			•	
		(i) Re	eal	(II) Personal				
	6a	Gross rents						
	b	Less' rental expenses						
	С	Rental income or (loss)						<u> </u>
	d	Net rental income or (loss) .	<u></u> .	<u>, , .</u> ▶				
	7a	Gross amount from sales of (i) Secu	rities	(II) Other				
		assets other than inventory		-				
	b	Less: cost or other basis and sales expenses .						1
	С	Gain or (loss)		1				
	d	Net gain or (loss)		.				
ø.		_						
venue	8a	Gross income from fundraising events (not including \$						
Other Re		of contributions reported on line See Part IV, line 18						
돌	b	Less: direct expenses .	b					
•		Net income or (loss) from fund		events . >				
	9a	Gross income from gaming act						
		See Part IV, line 19						
		Less. direct expenses						1
		Net income or (loss) from gam		ivities				
	10a	Gross sales of inventory, returns and allowances						
			_					
	b	Less: cost of goods sold Net income or (loss) from sale						
	С	Miscellaneous Revenue	S OI IIIV	Business Code				-
	11a			503,11033 0008	-			
	l la							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d				¥ .		-
	12	Total revenue See instruction						 -

	0 (2012)				Page 10
	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must com	poloto all columns. Al	Il other erganization	o must complete co	lumn (A)
Section	Check if Schedule O contains a respons				
	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			3	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	24,400	24,400		
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 10 11	Other employee benefits				
a b	Management				
c d e	Lobbying				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,610	26,610		
12 13	Advertising and promotion	405	405		
14 15	Information technology				
16 17 18	Occupancy	19,340	19,340		
19	for any federal, state, or local public officials Conferences, conventions, and meetings	43,764	43,764		
20 21	Interest				
22 23	Depreciation, depletion, and amortization . 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.)				
a	Printing & Postage	10,180	10,180		
c	Program Photos Misc	1,123	1,123 39		
d e	All other expenses				
25 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 if following SOP 98-2 (ASC 958-720)	125,861	125,861		

P	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,689	1	7,466
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			والمستقلمين التسبب البيانية المبتداء
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	510,631		548,388
	12	Investments—other securities. See Part IV, line 11	010,001	12	0.10,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27,781		25,596
	16	Total assets. Add lines 1 through 15 (must equal line 34)	541,101		581,450
_	17	Accounts payable and accrued expenses	341,101	17	301,430
	18	Grants payable		18	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		20	1
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors,			··· -
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>a</u>	23	Secured mortgages and notes payable to unrelated third parties .		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 ,		26	
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ės	ĺ	complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets	290,259	27	333,205
als	28	Temporarily restricted net assets		28	000,200
P	29	Permanently restricted net assets	250,842	29	248,245
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	200,042		2.0,240
ř		complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
é	33	Total net assets or fund balances	541,101	33	581,450
	34	Total liabilities and net assets/fund balances	541,101		581,450

Form 99	00 (2012)		Page 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u> .	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	166,210
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,861
3	Revenue less expenses Subtract line 2 from line 1	3	40,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	541,101
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		

0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		58	1,45
art	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 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number

me	<u>rica</u>	n Chemicai Soc	<u>iety's New York S</u>	ection, inc.						13-19	26//3		
Pa	ırt I	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstruction	ons.		
he	org	anızation ıs not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	e box.)				
				hes, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).			
2				170(b)(1)(A)(ii). (Attac		-							
3				spital service organiza									
4	L		-	on operated in conjunc	ction with	a hospit	al descrit	oed in se	ection 17	0(b)(1)(A)	(iii). Ente	r the	
_		· ·	ne, city, and state										
5	<u></u>		on operated for a complete of the complete of	the benefit of a colleq plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escrit	ed in
6				nment or government									
7				receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governi	mental u	nit or fror	n the ge	neral p	oublic
8		A community	trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	art II)						
9	✓			receives: (1) more that									
				d to its exempt functi									
				nt income and unrel						n 511 ta	x) from	busin	esses
	_		=	fter June 30, 1975. Se									
	_		-	operated exclusively			-			-			
11	L			nd operated exclusive									
			•	olicly supported organ				•				ee se	ction
				describes the type of							_		
	_	a ∐ Typel	b 🗌 Type	• •		-	-		Type III–I		-	_	
	е			that the organization									
		or section 509		ers and other than one	e or more	publicly	Support	eu organ	izations t	Jeschbed	in secu	יטכ ווכ	3(a)(1)
,	f		• • • •	a written determination	n from t	the IRS	that it ie	a Type	I Type	ll or Tvr	a III eur	nortir	20
				· · · · · · · · ·				a type	i, iypc				.9
	g	•		he organization accer		aift or co	ontributio	n from a	nv of the				
	9	following pers		organization accep	,	3			,				
				ndirectly controls, eith	ner alone	or toget	her with	persons	describe	d ın (ıı) aı	nd	Yes	No
		• • •	•	ody of the supported o		-					11g(ı)		
		(ii) A family m	ember of a perso	on described in (i) abo	ve? .						11g(ıı	†	
		• • •	•	a person described in							11g(m		
	h		-	on about the supporte							•		-
() Nar	ne of supported	(iı) EIN	(iii) Type of organization	(IV) Is the o	rganization	(v) Did y	ou notify	(vi)	ls the	(vii) Amou	nt of mo	onetary
	0	rganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the	Su	pport	
				(see instructions))	90.000			oort?		S ?			
					Yes	No	Yes	No	Yes	No			
A)									}				
_									ļ. <u> </u>				
B)													
										-			
C)													
D)													
													·
E) 													
						4			1				

0011000	27 (1 OIII 330 OI 330 EZ) 2012						rage Z
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the						alify under
 .	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	r 	T	T		T	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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		Y			15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	on B. Total Support					r:	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the Form 990 is for the support of the support			 id, third, fourth		12 ear as a section	on 501(c)(3)
	organization, check this box and stop he	_					. ````
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2012 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2011 Sci					15	%
16a	331/3% support test—2012. If the organic box and stop here. The organization qua	ılıfıes as a pub	licly supported	lorganization			🕨 🔲
b	331/3% support test—2011. If the organ check this box and stop here. The organ					15 is 33½% 	or more, ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- facts-and-circi	and-circumsta umstances" tes	inces" test, che st The organiz	eck this box ar	nd stop here. I as a publicly s	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization in the control organization in	tion meets the	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization d						
	instructions						

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 falls to qualify	under the tes	is listed per	w, please co	mpiete rait i	··)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	129,007	113,479	63,563	93,574	108,910	508,533
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 Gross receipts from activities that are not an	16,965	8,265	59,005	18,679	19,540	122,454
	unrelated trade or business under section 513	1					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	145,972	121,744	122,568	112,253	128,450	630,987
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						630,987
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	145,972	121,744	122,568	112,253	128,450	630,987
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			-			
	royalties and income from similar sources .	15,669	13,646	32,031	17,370	37,760	116,506
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	15,669	13,646	32,031	17,370	37,760	116,506
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 loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	161,671	135,390	154,599	129,623	166,210	747,493
14	First five years. If the Form 990 is for the	-			, or tiπn tax ye	ear as a sectio	n 501(c)(3)
0 1	organization, check this box and stop he				 		
	on C. Computation of Public Suppor			O		45	
15	Public support percentage for 2012 (line 8		•	3, column (t))		15	84.4 %
16	Public support percentage from 2011 Sch					16	88.8 %
	on D. Computation of Investment Inc				(0)	1471	
17	Investment income percentage for 2012 (17	15.6 %
18	Investment income percentage from 2011 331/3% support tests—2012. If the organi					18 ore than 331m ⁰	11.2 %
19a	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on , 🕨 📝
b	331/3% support tests—2011. If the organiz line 18 is not more than 331/3%, check this b						
00	Private foundation. If the organization di		_				_

SCHEDULE D (Form 990)

Supplemental Financial Statements

2012

OMB No 1545-0047

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

Open to Public Inspection
Employer identification number

Ameri	can Chemical Society's New York Section, Inc.		13-1926773
Pai		or Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered "Yes" to F	orm 990, Part IV, line 6.	
		(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		
5	Did the organization inform all donors and		
	funds are the organization's property, subje	ct to the organization's exclusive legal con-	trol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do	onors, and donor advisors in writing that gr	rant funds can be used
	only for charitable purposes and not for the	e benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · 🗋 Yes 🗌 No
Par	Conservation Easements. Comp	olete if the organization answered "Yes	" to Form 990, Part IV, line 7.
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 organiza	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
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ea	sements	. 2b
C	Number of conservation easements on a ce		2c
d	Number of conservation easements include		ot on a
	historic structure listed in the National Regis		1 1
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	
	tax year ►		
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva	ition easements it holds?	· · · · · · · · · · · · · · · · · · ·
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	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization re	eports conservation easements in its reven-	ue and expense statement, and
	balance sheet, and include, if applicable, th	e text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation	easements.	
Par	III Organizations Maintaining Colle	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	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance shee
	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance o
	public service, provide, in Part XIII, the text	of the footnote to its financial statements the	hat describes these items.
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance o
	public service, provide the following amoun	_	
	(i) Revenues included in Form 990, Part VII	I, line 1	▶ \$
	(ii) Assets included in Form 990, Part X		· · · · > \$
2	If the organization received or held works	of art, historical treasures, or other simil	lar assets for financial gain, provide the
	following amounts required to be reported u	under SFAS 116 (ASC 958) relating to these	e items:
а	Revenues included in Form 990, Part VIII, lii	ne 1	▶ \$
b	Assets included in Form 990, Part X		> \$

Pane	2

Part		Collections of	Art, Historical	Treasures, or C	Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).		ther records, che	ck any of the follo	owing that are a si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loar	n or exchange pro	grams	•
b	☐ Scholarly research		e 🗌 Othe	er		
С	☐ Preservation for future generations	S				
4	Provide a description of the organizat XIII.	tion's collections	and explain how	they further the o	rganızation's exem	npt purpose in Part
5	During the year, did the organization	solicit or receive	donations of art,	historical treasur	res, or other simila	ır
	assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra	angements. Co	mplete if the org	ganization answ	ered "Yes" to Fo	rm 990, Part IV,
	line 9, or reported an amour					
1a	Is the organization an agent, trustee		-		or other assets no	ot
	included on Form 990, Part X?					🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the following t	table:		
				<u> </u>	Ar	mount
С	0 0				1c	
d	Additions during the year			r	1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amou					☐ Yes ☐ No
	If "Yes," explain the arrangement in P Endowment Funds. Complete					
Par	Endowment Funds. Compi	(a) Current year	(b) Prior year	(c) Two years back		
10	Beginning of year balance	(a) Guirent year	(b) i noi you	(o) Two yours out.	(4) / 00 / 04.0 540.0	(c) rear years such
1a b	O			 	-	-
	Net investment earnings, gains, and					
Ū	losses					
d	Grants or scholarships					-
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance				<u> </u>	<u> </u>
2	Provide the estimated percentage of		nd balance (line 1	g, column (a)) hel	d as·	
а	Board designated or quasi-endowme	nt ▶	%			
b	Permanent endowment	%				
С	Temporarily restricted endowment					
•	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			not are held and a	administered for th	•
за	organization by:	e possession of the	ne organization ti	iat are neio ano a	administered for th	Yes No
	•					3a(i)
	(i) unrelated organizations (ii) related organizations					3a(ii)
ь	If "Yes" to 3a(II), are the related organ		required on Sched	dule B?		3b
4	Describe in Part XIII the intended use					<u> </u>
Par						
	Description of property	(a) Cost or o	ther basis (b) Cost		c) Accumulated depreciation	(d) Book value
	Land					
b	Buildings					
C	Leasehold improvements					
d	Equipment					
e	Other					
	Add lines 1a through 1e (Column (d) i	must equal Form 9	990, Part X, colum	nn (B), line 10(c).)	▶	
						

Part VII	Investments - Other Securitie	s. See Form 990, Part)	(, line 12.
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
	neld equity interests		
(A)			
(B)			
(C)			
(D)			
(E) (F)		<u>-</u>	
(G)	·		
(H)			
(1)	·- 	-	
	b) must equal Form 990, Part X, col. (B) line 12)		-
Part VIII	Investments—Program Relate		X. line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	(-)	Cost or end-of-year market value
(1)		1.2	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
(9)	·		
(10)	Al Coo Book V and /Di long 12)		
	(b) must equal Form 990, Part X, col (B) line 13) ► Other Assets. See Form 990, F		
Part IX	Other Assets. See Form 990, F	(a) Description	(b) Book value
(1) Awards	Medals - For Nichols Awardee	(4) 2000	25,596
(2)	Medals - For Michols Awardee		23,330
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		····	
(9)			
(10)	#1 000 D 4 V	1 (0) (45)	
	mn (b) must equal Form 990, Part X,		.
Part X	Other Liabilities. See Form 990	J, Part X, line 25. (b) Book value	
1.	(a) Description of liability	(b) Book value	
(2)	income taxes		
(3)			
(4)		<u> </u>	-
(5)			-
(6)		 	
(7)		 	
(8)		-	
(9)			
(10)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25.) ▶		
			organization's financial statements that reports the organization's
liability for ur	ncertain tax positions under FIN 48 (ASC	740). Check here if the text	of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retu	rn
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	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
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 XIII.)	4b			
С	Add lines 4a and 4b	<u> </u>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	
Part					turn
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c	·		
ď	Other (Describe in Part XIII.)	2d			
e	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:	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			i
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)		5	
	XIII Supplemental Information	,			
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				
	auon.				
None					
•					
		-			
			······		
					

Schedule D (For	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		·····
		·
		

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service)		Attach to Form 990.				Inspection
Name of the organization							ш	Employer identification number
American Chemical Society's New York Section, Inc.	ciety's New York	k Section, Inc.						13-1926773
Part General	Information	General Information on Grants and Assistance	Assistance					
	nzation maintai nteria used to a	Does the organization maintain records to substantiate the selection criteria used to award the grants or assist	stantiate the amou or assistance?	nt of the grants or	assistance, the g	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	r the grants or assis	iance, and Yes No
2 Describe in Par Part II Grants a	Ind Other As	zation's proceduresistance to Go	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if	he use of grant fu Organizations i	nds in the United noted In the United States In the United States II can be dupliced.	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizatior Part IV line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	the organization a	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.
1 (a) Name and address of organization or government	of organization	(b) 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)								
(4)								
(5)								
(9)								
ω								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num 3 Enter total num	iber of section iber of other or	Enter total number of section 501(c)(3) and governmen Enter total number of other organizations listed in the l	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ions listed in the l	ne 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, s	see the Instruction	ıs for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (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. ÷ (d) Amount of non-cash assistance 9,200 (c) Amount of cash grant (b) Number of recipients Ŋ 1 Research Funds for low income students (a) Type of grant or assistance information. Part IV Part III ო S 9 8 4

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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 Treasurer	
Form 990, Part VI, Section C. Disclosure. #19. Upon request, the organization makes available any public	ic documents,
such as Form 990, either by mailing a hard copy, or by electronic delivery, such as Email.	
Form 990, Part III, # 4d. Other Program Services. These are the other Educational and Professional Dev	volonment Brograms run by ACSNV
Form 550, Part III, # 4d. Other Program Services. These are the other Educational and Professional Dev	recomment Programs run by ACSW1.
Chemistry Olympiad	
Young Chemists .	
Computers in Chemistry	
National Chemistry Week	
Tadovidi Oricinasi y 1100k	
Organic Topical	
Science Café	
	•

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number

SCHEDULE R (Form 990)

American Chemical Society's New York Section, Inc.

Part

Department of the Treasury Internal Revenue Service Name of the organization

Partnerships
Unrelated
s and
Organizations
Related

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

► Attach to Form 990. ► See separate instructions.

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

OMB No 1545-0047

2012
Open to Public Inspection"
Employer identification number

13-1926773

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(6)					
(4)					
(5)					
(9)				,	
Part II Identification of Related Tax-Exempt Organizations (Complete of 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.)	Complete if the organization tax year.)	answered "Yes" to	5 Form 990, Part	IV, line 34 becau	se it had
(a) Name, address, and EIN of related organization Prin	(b) (c) Primary activity Legal domicile (state or foreign country)	(d) Exempt Cade section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
				_	Yes No
(1) American Chemical Society National 1155 Sixteenth Street, NW. Washington, DC 20036 Education	n Washington, DC		501(c)(3)	3)	>
(2)				-	
(6)					
(4)					
(9)					
(9)					
ω					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2012

Page 2		(k) Percentäge ownership									, ,	(i) Section 512(b)(13) controlled entity?	٤								Schedule R (Form 990) 2012
ine 34			ş		-				-		Part I	Section con	Yes								Form 9
art IV, Ii		(f) General or managing partner?	Yes								rm 990,	(h) Percentage ownership									edule R
. Form 990, P		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									d "Yes" to Fo	(g) Share of Prend-of-year assets									Sch
1 "Yes" to		(h) Disproportionate allocations?	Yes No	-							answere r.)	Share of total income end									
tion answered		(9) (h) Share of end-of- year assets allocations?									organization og the tax yea										
organiza	tax year.)	(f) Share of total Income									lete if the trust durir	(e) Type of entity (C corp, S corp, or trust)									
emplete if the	ip during the	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)									Trust (Compression or the contraction or the contra	(d) Direct controlling entity									
rship (Co	partnersh										ration or	(c) Legal domicile (state or foreign country)									
as a Partne	eated as a	(d) Direct controlling entity				:					as a Corpo	Lega (state or f									
s Taxable	nizations tr	(c) Legal domicile (state or foreign country)									s Taxable a	(b) Primary activity									
ization	ed orga	ıty									ization re relate			i	-				-		
elated Organ	or more relati	(b) Primary activity									elated Organ	d organization	•								
m 990) 2012 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34	because it had one or more related organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization									Identification 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 treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization									
Schedule R (Form 990) 2012	l	Name, adi relatec		(1)	(2)	(3)	(4)	(5)	(9)	(2)	Part IV	Nате, в		(1)	(2)	(3)	(4)	(2)	(9)	(a)	

	ted Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
Schedule R (Form 990) 2012	Part V Transactions With Related Organizations (Comp

Note, Complete fine 1 if any entity is listed in Parts II. III. or V of this schedule. To build the tay and the parts II. III. or V of this schedule. To build the tay and the parts II. III. or V of this schedule. To be parts III. III. or V of this schedule. To be parts III. III. or V of this schedule. To be parts III. III. To capital contribution register of againstancin(s) To build the tay of the parts of againstancin(s) To build or parts of the parts of againstancin(s) To build or parts of the parts of againstancin(s) To build or parts of the part
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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.

	(E)	9	(E)	(e)	S S	(a)	Ξ	5	3	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partner	<i>τ</i> σ :	Share of	Disproportionate	Code V-UBI	General or	Percentage
		(state or foreign country)	unrelated, excluded	section 501(c)(3)			allocations	of Schedule K-1	managing partner?	ownersnip
			section 512-514)	Yes No			Yes No	(000)	Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
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								Sche	dule R (For	Schedule R (Form 990) 2012