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1	000 F	_
Form	990-E	Z

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

		of the Treasury	at the end of the year may use this form.	•••	Inspection			
Inte	mal Rever	nue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requirement	nts.				
Α	For the	2012 calenda	ar year, or tax year beginning , 2012, and ending		, 20			
В	Check if ap	pplicable	C Name of organization D E	mployer id	entification number			
	Address c	hange	Division of Industrial & Engineering Chemistry of ACS	5	2-6054201			
	Name cha	ange		E Telephone number				
닏	Initial retur		2815 Westmoreland Drive	20	8-520-4532			
H	Terminate			roup Exe				
H	Amended Application			Number 1	· ·			
_		ting Method.	(dano ) diis, 10 d3402-4002		f the organization is <b>not</b>			
		•			ach Schedule B			
					0-EZ, or 990-PF)			
_								
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 527 organization an					
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	requirea (	see instructions) But it			
			ses to file a return, be sure to file a complete return	4.11				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	τ ΙΙ,				
_			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>►</u> \$				
L	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst					
_			the organization used Schedule O to respond to any question in this Part I .	·	<u> 🗸</u>			
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	61,846			
	2	Program se	ervice revenue including government fees and contracts	. 2	834			
	3	Membersh	ip dues and assessments	. 3	27,676			
2	4	Investment	tincome	. 4	88			
•	5a	Gross amo	ount from sale of assets other than inventory   5a					
1	Ь							
	c	Less. cost or other basis and sales expenses						
	6	-	d fundraising events					
	a	-	ome from gaming (attach Schedule G if greater than					
ā								
Revenue	ь		ome from fundraising events (not including \$ of contributions					
Š			raising events reported on line 1) (attach Schedule G if the					
Œ			ch gross income and contributions exceeds \$15,000)   6b					
	_							
	°.		et expenses from gaming and fundraising events 6c					
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	<u> </u>				
	l _			· 6d				
	7a		s of inventory, less returns and allowances					
	b		of goods sold					
	С	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c				
	8		nue (describe in Schedule O)	. 8				
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	> 9	90,444			
	10	Grants and	d similar amounts paid (list in Schedule O)	10,				
	11	Benefits pa	aid to or for members	) 11/				
es	12	Salaries, o	ther compensation, and employee benefits	<u>. (12'</u>				
Š	13	Profession	al fees and other payments to independent contractors $\mathbb{R}^2$ . NOV $\emptyset$ 3. 2012	. (43	3,525			
Expenses	. 14	Occupanc	. 14					
Щ	15	•	ublications, postage, and shipping	015	47			
	16		enses (describe in Schedule O)	16	80,324			
	17		enses. Add lines 10 through 16	17	83,896			
	40		(deficit) for the year (Subtract line 17 from line 9)	. 18	6,548			
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with		5,040			
SS			ar figure reported on prior year's return)	19	227,846			
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)		31,467			
Š	21		s or fund balances at end of year. Combine lines 18 through 20	► 21	265.861			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2012)



Pai						
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			227,846		265,861
23	Land and buildings			<del></del> +	23	<del></del>
24	Other assets (describe in Schedule O)		· · · · -		24	<del></del>
25	Total assets			227,846		265,861
26	Total liabilities (describe in Schedule O)		<b>)</b> —		26	
27	Net assets or fund balances (line 27 of column			227,846	21	265,861
Par	<del></del>	•				Expenses
\A/ba	Check if the organization used Schedule is the organization's primary exempt purpose?	e O to respond to a	iy question in this	rait <u>iii u</u>		quired for section (c)(3) and 501(c)(4)
				<del></del>		inizations and section
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise n ons benefited, and other relevant information for e	nanner, describe the				7(a)(1) trusts, optional others )
<del></del>	Technical Programming: Support scientific intercha		grams at American C	hemical		T
	Society national and regional meetings (minimum of					
	Disseminate conference proceedings through through					
		includes foreign gra		▶ □	28a	28,169
29	Communicate with members: Deliver information to					
	Divisional activities schedule, balloting information					
	and conduct open business and planning meetings	to solicit membership	input.			
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here .	<u>.</u> ▶ 🔲	<b>29</b> a	9,900
30	Development and advancement of the profession of	Industrial and Engine	ering Chemistry: Re	present		
	interests of Division members in meetings of the AC	S Council an its com	mittees and Division	and Society		
	covernance and develop and administer awards pro	grams to recognize te	chical excellence	<u></u> .		
		t includes foreign gra	ints, check here	▶ □_	30a	20,915
31	Other program services (describe in Schedule O)			_		
		t includes foreign gra		<u> ▶ ⊔</u>	31a	<del> </del>
	Total program service expenses (add lines 28a			· · · · •	32	58,984
Par					struc	tions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	<del></del>	_ <del>:_:                                  </del>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe	```	Estimated amount of other compensation
Conr	ie Murphy, Chair	_				
cjmu	phy_acs@charter.net	2	c		0	0
Jim F	titter, Chair-Elect	_				
	@cec.sc.edu	2		)	0	0
	Engelman, Past Chair	-				
_	elm@scj.com	2			<u> </u>	0
	Peterman, Treasurer		_			_
	.Peterman@inl.gov	2	<u> </u>	)	0	0
	Morton, Secretary	- _				0
	onsa@jmu.edu	2	-	<u>'</u>	0	
	Alexandrator, Councilor d@hunter.cuny.edu	2	(		0	0
	nie Lesko, Councilor	-			⇈	
	m@tamug.tamu.edu	2	] (		0	0
	Moore, Councilor		`	<b>'</b>	+	
	oore@eastman.com	2	(		0	0
	n Abraham, Councilor	-			┪	
	n.abraham@ysu.edu	2			o	0
					T	
		-1				
		1				
		1	1	i	ı	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	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	163	<b>√</b>
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		✓
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		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<b>√</b>
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		<b>✓</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
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		
c d	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			
e	reimbursed by the organization	40e	<u>-</u>	
41	List the states with which a copy of this return is filed ▶			
42a	The organization of both and mount of the state of the st	208)5		
	Located at ► 2815 Westmoreland Drive, Idaho Falls, ID ZIP + 4 ►	83402	2-4602	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No /
	If "Yes," enter the name of the foreign country: ▶	720		- <del></del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
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
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>/</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	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

	Did the organization engage, directly or		. •		
Part \	to candidates for public office? If "Yes,"  Section 501(c)(3) organization		, Part I	<u> </u>	. 46  ✓
rait	All section 501(c)(3) organization		stions 47–49b and	52, and complete t	he tables for lines
	50 and 51	The first days are que		o_, aa. cop	
	Check if the organization used S	chedule O to respond	I to any question in the	his Part VI	🗆
	-				Yes No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa	g activities or have a sart II	section 501(h) electio		e tax · 47  ✓
	Is the organization a school as described				48 ✓
	Did the organization make any transfers			ration?	. 49a 🗸
	If "Yes," was the related organization a Complete this table for the organization				. 49b
	employees) who each received more that				
		1	T	(d) Health benefits,	
_	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferre compensation	
	***				
f	Total number of other employees paid of	over \$100,000 .	<b></b>		<del></del>
51	Complete this table for the organization	n's five highest compo	ensated independent	contractors who ea	ch received more than
-	\$100,000 of compensation from the org	ganization. If there is no	one, enter "None."		<del></del>
(a) N	Name and address of each independent contractor	paid more than \$100,000	(b) Type of serv	rice	(c) Compensation
					·
	Total number of other independent conf	•		<b>&gt;</b>	
52	Did the organization complete Schedule			and 4947(a)(1)	<b>N</b>
	nonexempt charitable trusts must attac	· · · · · · · · · · · · · · · · · · ·			► ☐ Yes ☐ No
	enalties of perjury, I declare that I have examined the rect, and complete Declaration of preparer (other the				knowledge and belief, it is
		$\overline{}$			<del>- , -</del>
Sign	Signature of officer		1	Date ///	2/2013
Here	Dean Peterman, Treasurer	an. V.	tereman	///2	12013
	Type or print name and title		(1)	<del></del>	
Paid	Print/Type preparer's name	Preparer's signature	Da 1	Check I	
Prepa			~   //	2 2013 self-emp	P01367094
Use C	Only Firm's name Firm's address P.O. Box 413, Ucon	ID 83453		Firm's EIN ▶ Phone no	(208)403-1060
May th	ne IRS discuss this return with the prepar		instructions	· · · ·	(208)403-1969 ► ✓ Yes ☐ No

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name	of the organization	<u> </u>				— · · -	E	Employer identification number		
	on of Industrial & E	ngineering Chem	nistry of the ACS				Abia a a	52-6054201		
Par			rity Status (All orga tion because it is: (Fo						istructio	ns.
1			hes, or association of							
2	-		170(b)(1)(A)(ii). (Attac					-,(-,(-,(-,	•	
3			spital service organiza			section 1	70(b)(1)(	A)(iii).		
4	_	•	on operated in conjunc	ction with	a hospita	al describ	ed in <b>se</b>	ction 170	(b)(1)(A)	(iii). Enter the
_		e, city, and state								
5	section 170(b)(1)(A)(iv). (Complete Part II )									
6 7										
8	☐ A community t	rust described ii	n section 170(b)(1)(A)	( <b>vi).</b> (Con	nplete Pa	ırt II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt function ont income and unrelated the state of the second of the second file of the second of the seco	ions-sul ated bus	bject to d siness tax	ertain ex xable inc	ceptions ome (les	i, and (2) is section	no more	than 331/3% of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e <b>sectio</b>	n 509(a)(4	4).	
11	purposes of o	ne or more pub	nd operated exclusive blicly supported organ describes the type of	nizations	described	d in secti	on 509(a	i)(1) or se	ction 50	9(a)(2) See section
	a 🗌 Type I	b 🗀 Type								ionally integrated
е	By checking the other than four or section 509	ndation manage	that the organization ers and other than one	is not core e or more	ntrolled d e publicly	lirectly or supporte	indirectled organi	y by one zations d	or more ( lescribed	disqualified persons in section 509(a)(1)
f	If the organiza	ation received a	a written determination			that it is	a Type	I, Type I	l, or Typ	e III supporting
g	Since August following person		he organization accep	oted any	gift or co	ontributio	n from a	ny of the		_
			ndirectly controls, eitlody of the supported of			her with	persons	described	d in (ii) ar	nd Yes No
	(ii) A family me	ember of a pers	on described in (i) abo	ve?						11g(ii)
			a person described in							11g(m)
h		<del></del>	ion about the support	1		Ŧ		1		L
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Tota										

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	∋ 5, 7, or 8 of	Part I or if th	e organizatıo	n failed to qu	
Section	on A. Public Support	quality unde	or the tests is	sted below, p	rease compre	ste i ait iii.)_	<del> </del>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 20 12	(7)
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.		l	<u>j</u>		1	
	on B. Total Support	(-) 0000	(h) 0000	(a) 0010	(4) 2011	(a) 2012	(6 Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	504( )(0)
13	First five years. If the Form 990 is for the						
Sooti	organization, check this box and stop her ion C. Computation of Public Suppor					· · · · ·	· · · ·
14	Public support percentage for 2012 (line 6			11 column (f)		14	%
15	Public support percentage from 2011 Sch	• • •	-			15	%
16a	331/3% support test—2012. If the organization qual	zation did not lifies as a pub	check the box licly supported	dorganization			check this
b	331/3% support test—2011. If the organicheck this box and stop here. The organi					e 15 is 33¹/₃% 	or more, ▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts- acts-and-circi	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization mesupported organization	ion meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, che	ck 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.)

Section	on A. Public Support					_	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	66,347	72,548	70,250	57,891	61,846	328,882
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	1,535	2,277	845	387	834	<u>5.878</u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.	_ 1	_	_			_
_	The value of services or facilities	0	0	0	0	O	0
5	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	o	0
6	Total. Add lines 1 through 5	67,882	74,825	71,095	58,278	62,680	334,760
	Amounts included on lines 1, 2, and 3	07,002	74,020	7 1,000	30,2.0	02,000	00.1,7.00
	received from disqualified persons .	o	0	0	0	О	0
b	Amounts included on lines 2 and 3	_					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
Coati	Inne 6)						334,760
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	67,882	74,825	71,095	58,278	62,680	334,760
10a	Gross income from interest, dividends,	07,882	_/4,823	71,093	30,270	02,080	334,700
	payments received on securities loans, rents,						
	royalties and income from similar sources	380	143	1373	66	88	2,050
b	Unrelated business taxable income (less						•
	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	380	143	1373	66	88	2050
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	_	_		_		
40	•	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12)	68,262	74,968	72,468	58,344	62,768	336,810
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u>.</u>			· · · · ·	<u> ▶ □</u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8			3, column (f))		15	99.4 %
16	Public support percentage from 2011 Sch					16	99.4 %
	on D. Computation of Investment In				(6)	477	
17	Investment income percentage for 2012 (					17	.01 %
18	Investment income percentage from 2013 331/3% support tests – 2012. If the organ				 nd line 15 is m		.01 %
19a	17 is not more than 331/2%, check this box						
b	331/3% support tests—2011. If the organiz		_				
D	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di						_

	Form 990 or 990-EZ) 2012	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).	
		<b>-</b>
•••••		
		- <b></b>
		***********
		•••••
		••••
		<del></del>

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

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.

Division of Industrial & Engineering Che	emistry of the ACS	52-6054201
From 990-EZ, Line 16, Other Expenses:		
Convention and Meeting Expenses	\$ 58,984	
Supplies	\$ 452	
Travel Reimbursements	\$ 19,483	
Training	\$ 400	
Miscellaneous	\$ 1,005	
Total Line 16, Other Expenses	\$ 80,324	
Form 990-EZ, Line 20, Other changes in	nat accase or fund halancae	
The Division of Industrial & Engineering	g Chemistry (I&EC) has a subdivision, The Separation Science	and Technology Subdivision (SS&T).
2012 is the first year that the assets of t	the subdivision have been included in the asset total of the I&E	C Form 990-EZ. The change in
Net Assets, reported on line 20, is the to	otal of the SS&T Subdivision assets.	