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SCANNED DEC 2 2 2014

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20												
В	Check if a	applicable	C Name of organization #		D Employ	er identification n	umber					
	Address	change	Doing Business As		.,		13-1926773					
	Name cha	ange	Number and street (or F	O box if mail is i	not delivered to street	address)	Room/suite		E Telephone number			
$\overline{\Box}$	Initial retu	•	c/o St. John's Univers				516-783-6281					
Ħ	Terminate		City or town, state or pr			al code	<u> </u>					
$\overline{\Box}$	Amended	-	Jamaica, NY 11439						G Gross re	eceints \$	216,010	
Ħ		on pending	F Name and address of pr	rincipal officer	Philip Mark			H/al lo this a a		subordinates? Yes		
ш	Аррасанс	on pending	·	•	•			_		s included? Tes		
_	T		8000 Utopia Parkway			40.47/=\/4\ ==	П _{гот}	- ' '		a list (see instruction		
÷		npt status	✓ 501(c)(3)	∐ 501(c) () (insert no) 🔲	4947(a)(1) or	<u> </u>	-		•	,	
느	Website:		w.newyorkacs.org		7	1		H(c) Group	- 			
K			Corporation Trust	Association	_ Other ▶	L Yea	ar of formation	1935	M State	of legal domicile	NY	
Ľ	art l	Summ					'					
	1	Briefly de	escribe the organizati	ion's mission (or most significan	it activities:						
Governance		Chemical	Education and Profes	sional Develop	ment in the field o	of Chemistry	<u>l·</u>					
паř												
Je /	2	Check th	is box ▶ 🗌 if the org	anızatıon disc	ontinued its opera	ations or di	sposed of	more than	25% of	its net assets.		
ő	3	Number	of voting members o	f the governing	g body (Part VI, li	ne 1a) . .			3		37	
٩	4	Number (of independent voting	g members of	the governing bo	dy (Part VI,	, line 1b)		4		37	
ies			nber of individuals er	=		• .	-		5		0	
ĬΞ			nber of volunteers (e		-	•			6		50	
Activities &			elated business reve		• .				7a		0	
_			ated business taxab		• • •				7b			
		ivet dine	ated business taxab	ie income non	11 0111 330-1, 111			Prior Ye	 	Current Ye		
ne		Contribut	tions and aronto /Par	+ \/ 1 1 1 1 1 1								
			tions and grants (Par	·· ·	108,910	<u> </u>	97,239					
/en	I .	_	service revenue (Par		COSQ-S	81 · 1	· · ⊢		19,540		43,368	
Revenue			ent income (Part VIII,			7 . .			37,760		75,403	
_			enue (Part VIII, colur				·:		0			
			enue—add lines 8 thro				ne 12)	 	166,210		216,010	
			nd similar amounts p			- 3)1· ·	· · L		24,400		16,000	
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0		0	
Ś	15	Salaries,	other compensation, e	employee bene	fits ((Part IX, colu m	n (A) lines	5–10)		0		0	
Expenses	16a	Profession	onal fundraising fees	(Part IX, colun	nn (A) line (11e)	0	[0		0	
ğ	Ь	Total fun	draising expenses (P	art IX, column	(D).4ine 25)≛▶	IÕI	***	D-4^+ y 4]	4 - 44 - 44	********		
Щ	1		penses (Part IX, colu			j . j			101,461		101,255	
			enses. Add lines 13-				a		125,861		117,255	
	1	-	less expenses. Subt	•		: ((2))	' - -		40,349		98,755	
- 8		110101100	icoo expendedi cubt	ade into 10 he			Be	ginning of Cu		End of Ye		
ssets or	20	Total acc	ets (Part X, line 16)							 		
Asse Bala	21		•				· · }		581,450	· · · · · · · · · · · · · · · · · · ·	680,205	
Net Ass Fund Ba	22		ulities (Part X, line 26)		i from line 00		· ·		0	-	0	
			ts or fund balances.	Subtract line 2	1 from line 20		• •		581,450	L	680,205	
	art II	_ _	ture Block					,				
			ry, I declare that I have ex-							my knowledge, and	belief, it is	
	e, correct,	, and compi	lete Declaration of prepare	ir (Older than offic	er) is based on all inioi	mation of white	ch preparer n	as any know				
٠.			4-1 P.									
Sig	-	Robert P NOLAN TREASURER							ite	ردامراي	1	
He	re	1	Poberet P	NOLNA) / KEY	KSUK	ek			1/7/17		
		Туре	or print name and title		J					7		
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature		Date		Check	✓ if PTIN		
		Frank (Grayeski	1					self-em		78330	
	eparer							Firm	n's EIN ▶	,		
US	e Only		ddress ► 215 Blackbu	rn Road, Sumr	nitt. N.J. 07901				ne no	917-860-06	91	
Ma	v the IR		s this return with the			structions)		1.70			S No	
						/						

						
<u> </u>	Other program ser	vices (Describe in Schedule O.)				
40		17,243 including grants of \$		o) (Revenue \$	5.848)	
40	Total program sen		117.055	U) (Hevenue w	3,040 /	
70	Total program serv	ice expenses -	117,255			
						Form 990 (2013

ait	Checklist of nequired scriedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	√	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
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		<u>,</u> ✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	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	✓	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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	i	1
13 14 a	, , , , , , , , , , , , , , , , , , , ,	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		✓
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		
		For	n 990	(2013)

Part	Checklist of Required Schedules (continued)		-	3-
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	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? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	√	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ب ت		^
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	VXE TOWN		3
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 0	3 1/	^ ^ ~	:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	33 -		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	27,	·	-
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4	3.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		./
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		-
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	388	, Kan	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	iķ! idla		3
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
·	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year		- 46	<i>î</i> : 1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- was	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
8	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	7h) ~ <i>y</i>	✓
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	î., î.		
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		. L	1
а	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	, ;	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	'	- ^ مد-	;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11	Section 501(c)(12) organizations. Enter:	. :	Ĩ.	•
а	Gross income from members or shareholders	,.	, .	· * }
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	, * *	
120	against amounts due or received from them.)	100		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		y !
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	~	* 12	»
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	-,		. S
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		* . ' [
_	100	*-	, ~	
с 14а	Enter the amount of reserves on hand	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		_
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
04	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	. 🗸
Secti	on A. Governing Body and Management		Yes	No
4		Γ	163	110
1a	Enter the number of voting members of the governing body at the end of the tax year			í
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 37		*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		. *	3 30
	the year by the following:			
a	The governing body?	8a	/	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	-	-
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.))
			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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
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		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this was done	12c		V
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	**		V
.0	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		- "	'
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		9 25	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L.,	L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►		(-\/O\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(၄)(၃)၅	only)
10	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.	oract	nolic	u and
19	financial statements available to the public during the tax year.	cı est	טווטק יטווטק	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► Robert Nolan. 928 Summit Avenue, Jersey City, NJ 07307	_,	-	

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no.	r any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than on the thick the thic	an		(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Philip H. Mark Chair	5			1				0	0	
(2) Pamela Kerrigan Chair-Elect	2			1				0	0	
(3) Brian R. Gibney Secretary	3			✓				o	0	
(4) Robert P. Nolan Treasurer	3			✓				0	o	(
(5) JamieLee Rızzo Past Chair	11			✓				0	0	
(6)										
(7)										
(8)										
(9)			_							
(10)					ļ 					
(11)										
(12)										
(13)										
(14)	ļ									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)							
	(A)	(B) Position (do not check more than or					than o	one	(D)	(E)		(F)	
	Average	verage box, unless person is both a						Reportable	Reportable		Estimated		
		hours per week (list any						, -	compensation from	compensation related	trom	amount of other	
		hours for	nd.	nstr	Officer	Key employee	emp High	Forme	the	organizatio		compensation	
		related organizations	rect ct	T to	Ĕ	ണ	est o	eq	organization (W-2/1099-MISC)	(W-2/1099-M	1150)	from the organization	
		below dotted	or all	nal		Joy	eom					and related	
		line)	Individual trustee or director	Institutional trustee		ĕ	pens					organizations	
			"	ee			Highest compensated employee						
(15)													
1													
(16)					<u> </u>							,,,-, ,,-	
3													
(17)	· · · · · · · · · · · · · · · · · · ·												
J													
(18)										7			
(19)													
(20)													
(21)													
(0.0)													
(22)													
(00)					<u> </u>				 			,-	
(23)			ļ										
(24)													
(24)													
(25)													
32.07													
1b	Sub-total					لــــا							
С	Total from continuation sheets to Part	VII. Sectio	n A					•					
d	Total (add lines 1b and 1c)							•		-			
2	Total number of individuals (including but							e) w	ho received me	ore than \$10	00,000 of		
	reportable compensation from the organi							•			,		
		•									_	Yes No	
3	Did the organization list any former of										nsated		
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidu	ıal				L	3 🗸	
4	For any individual listed on line 1a, is the												
	organization and related organizations									edule J for	r such		
	ındividual										: : . <u> </u>	4 🗸	
5	Did any person listed on line 1a receive o												
	for services rendered to the organization?	r ir Yes, C	отрі	ete	Scr	eau	ile J T	or s	sucn person	· · · ·	<u>· · · </u>	5 ✓	
	on B. Independent Contractors										A 400.00		
1	Complete this table for your five highest of compensation from the organization. Rep												
	year.	on compe	isalic	лтіс	וווע	ie C	alenu	ai y	rear ending wit	ii Or Within t	ne organi	Zalion's lax	
	·							Γ-	(P)			(0)	
	(A) Name and business address								(B) Description of s	ervices	Con	(C) npensation	
None								\vdash				- 	
HOUSE													
			-					\vdash		_			
								 					
												·	
2	Total number of independent contracto	rs (includir	ng bu	t ne	ot I	ımıt	ed to	th	ose listed abo	ove) who	* , , , , , ,	₹* * * * · · · · ·	
	received more than \$100,000 of compens												

Part VIII		Statement of Revenue											
		Check if Schedule O	contains	a res	ponse or note t					<u> </u>			
					-	(A) Total revenue	(B) Related or	(C) Unrelated	Rev	(D) venue			
							exempt function	business revenue		d from tax sections			
<u> </u>		···,	-		· · · · · · · · · · · · · · · · · · ·		revenue		512	2-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a		,			ļ				
유일	Ь	•		1b	47,807					i			
fts,	C	Fundraising events .		1c		*				į			
<u> </u>	d	Related organizations	1	1d	26,054		· 100 / 100	š,š, ; , •	· *	13			
Sir.	e	Government grants (contri		1e			` Æ`·	. %		5, 1			
ig ig	ī	All other contributions, gifts and similar amounts not include		4.2		, ,- [*]	* *			, 1			
풀			,	1f	23,378	`,		•		, ,			
in di	9	Noncash contributions included					n et a	,					
	<u>h</u>	Total. Add lines 1a-1f	:	· · ·	Business Code	97,239			* 3. ² *				
Program Service Revenue	20	Nichols Symposium				·			<u> </u>	<u> </u>			
Şe (2a b	Chemagination			541700	31,930			ļ				
8		Undergrad Research Syr	mnocium		541700	2,025							
ž	c d	Chemistry Olympiad	iiposiuiii		541700	5,590 2,475							
Š	e	Earth day			541700 541700	710			 				
Jr ar	4	All other program service	co revenu		541700	638			<u> </u>				
ğ	g	Total. Add lines 2a-2f				43,368	13.5	Ž~		2			
	3	Investment income (ir				43,300	3 47 (1.4		Ī				
	•	and other similar amou	_		_	75,403							
	4	Income from investment of	•	not be	ond proceeds▶	75,405							
	5	—			_			,					
			(i) Real		(II) Personal	# 5 - , · · · ·		1. V	\$ 1 1 g z	27.11.11			
	6a	Gross rents							1.743				
	b	Less: rental expenses				No.	13,32,33	1.44	100	1			
	С	Rental income or (loss)			• • • • • • • • • • • • • • • • • • • •			ĵ	1	* * ;			
	d	Net rental income or (lo	oss) .		>								
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other		+ 27 - 2 - 2 - 3 - 4 - 4		, ,,,	· 👬 · • [1			
		assets other than inventory								* '			
	b	Less: cost or other basis					, jin			, ,			
		and sales expenses .					St.	1 1		r			
	С	Gain or (loss)				*							
	d	Net gain or (loss) .			<u> </u>								
•						, , , i	7, 8, 9	3	_ ^				
ŭ	8a	Gross income from fun	draising							~ = 1			
ve		events (not including \$				ر المارية الإ	, ,		.	- S. :			
æ		of contributions reported	on line 10	c).			· Mail?			i N			
Other Reven		See Part IV, line 18 .		· a			71 8 4 7			~3 ⁷ / ₂ ,			
₽	b	Less: direct expenses		. b		* -	· •						
	С	Net income or (loss) fro			events . ►								
	9a	Gross income from gam	_				13.85	î	1 3				
	_	•		-			* 1 3	-	\$ 7 7.V	1 " [", ", "]			
	b	Less: direct expenses							- ×4				
	C	Net income or (loss) fro			vities								
	iva	Gross sales of inverturns and allowances						. Arii r	,	127			
				· a	-				; 2 ³				
	b	Less: cost of goods so Net income or (loss) fro				· · · · · · · · · · · · · · · · · · ·				,			
	с	Miscellaneous Rev		, IIIV	Business Code				 				
	110	MISCENSIEUS NEV			Justiless Code				·				
	11a b								 				
									 				
	C d	All other revenue .			 				 				
	_	Total. Add lines 11a-1	 1d	•	•			0	8,5	ا با			
	12	Total revenue See ins				040 040	. %	 	ļ [©] .	χ,			

Form 99	90 (2013)				Page 10
Part	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	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				, , , , , , , , , , , , , , , , , , , ,
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	16,000	16,000		* \$2.0
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	Accounting				
е	Professional fundraising services. See Part IV, line 17		14.43333 76.5	188-3 S-517 -	
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.)	23,400	23,400		
12	Advertising and promotion	23,400	23,400		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		·		

.

	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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees):		_		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			(#% > (3-40'; * v	
f	Investment management fees				· · ·
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	23,400	23,400		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel	29,503	29,503		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		20,000		
19	Conferences, conventions, and meetings .	37,440	37,440		
20	Interest				
21	Payments to affiliates			,	
22	Depreciation, depletion, and amortization .			,	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Printing & Postage	3,363	3,363		
b	Phone	388	388		
С	Bank Charges	77	77		
d	Supplies	4,823	4,823		
е	All other expenses	2,261	2,261		
25	Total functional expenses. Add lines 1 through 24e				·
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) if the only if the only if the organization column.	117,255	117,255		
	· · · · · · · · · · · · · · · · · · ·	111,200	117,233		Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 7.466 1 33.003 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 g Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a h Less, accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 548,388 623,791 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 25,596 23,411 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 581,450 680,205 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 333,205 431,960 Temporarily restricted net assets . . . 28 28 248,245 248,245 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 581,450 680,205 Total liabilities and net assets/fund balances 581.450 34 680,205

Form 9	90 (2013)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21	16,010
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	17,255
3	Revenue less expenses. Subtract line 2 from line 1	3	-	,	8.755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58	31,450
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			-	
	33, column (B))	10		68	30,205
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n 📗		
	Schedule O.		_ fr	×	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				/
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or 🛣	2	٠,
	reviewed on a separate basis, consolidated basis, or both:			. 9 %	1 :- 3
	Separate basis Consolidated basis Both consolidated and separate basis		*	·	<u>-</u>
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 audite	ed on	a _ `	-	۱ ۰ ا
	separate basis, consolidated basis, or both:			77	
	Separate basis Consolidated basis Both consolidated and separate basis				ئىمىئ د
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_	. 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and address the				<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	n 🕌		
•		- مانسم		<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth i	n	F	l

3b

Form **990** (2013)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of	the organization						, ,	Employer i	dentificatio	n number	
	an Chemical Soc						Ale in a se			926773	
Part			rity Status (All orga ation because it is: (Fo			-,	 _		Instruction	ons.	
	<u>-</u>	•	hes, or association of		•	-	•		i)		
			170(b)(1)(A)(ii). (Attac			00 111 300		(~)(·)(~)(· /·		
			spital service organiza		-	section :	(70(b)(1)	(A)(iii).			
			on operated in conjun						0(b)(1)(A)	(iii). Ente	r the
-		ne, city, and stat	-		•						
5 [on operated for b)(1)(A)(iv). (Com	the benefit of a colleplete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escribed
	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or froi	m the ger	neral publ
8 [A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)					
9 [receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain e xable ind	ceptions	s, and (2) ss section) no mor	e than 30	31/3% of it
10 [An organization	on organized and	operated exclusively	to test fo	or public s	safetv. Se	e sectio	n 509(a)	(4).		
			nd operated exclusive							or to ca	rry out th
	purposes of o	one or more pub	olicly supported organ describes the type of	nızatıons	describe	d in sect	ion 509(a	a)(1) or s	ection 50	9(a)(2). S	
	a ☐ Type I	b 🗌 Type					•			tionally in	tegrated
е [that the organization		•	_		• •		-	_
	other than for	indation manage	ers and other than one	e or more	e publicly	support	ed organi	izations (described	d in section	on 509(a)(1
	or section 509										
f	_		a written determination				a Type	I, Type	II, or Typ	pe III sup	porting
		check this box									• • [
g	-		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	3		
	following pers					سلفينين بنجاما					Van Na
			ndirectly controls, eitlody of the supported								Yes No
			on described in (i) abo	•						1.30	
			a person described in							11g(ii)	
h			on about the support							119('L
	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the c	organization sted in your document?	(v) Did y the orgai col (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	1	nt of monetai
			(Yes	No	Yes	No	Yes	No	1	
(A)											
(D)										ļ <u>.</u>	
(B)										ļ	
(C)											
(D)											
(E)											
		7,7	, s		: %	, *(~;	Ž.				

Scheau	le A (Form 990 or 990-EZ) 2013						Page 2
Part							
	(Complete only if you checked the						llify under
Cooti	Part III. If the organization fails to	o quality unde	er the tests lis	stea below, p	lease comple	te Part III.)	
	on A. Public Support	(a) 2009	(h) 2010	(2) 0011	(4) 2012	(-) 2012	(6) Total
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	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		14.00				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	<u> </u>		<u> </u>		3.1 \$3.2	
6 Secti	on B. Total Support		1'				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(2) 2000	(2) 2010	(6) 2311	(4) 2012	(6) 20.0	(i) Total
8	Gross income from interest, dividends,						
	payments received on securities loans,		1				
	rents, royalties and income from similar						
	sources		l				
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on				<u></u>		
10	Other income. Do not include gain or	1					
	loss from the sale of capital assets						
44	(Explain in Part IV.)		»			; ·	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		ons)	L	L^	12	
13	First five years. If the Form 990 is for the		•	d third fourth	or fifth tax v		n 501(c)(3)
	organization, check this box and stop he	_			_		
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Sc					15	%
16a	331/3% support test—2013. If the organi						
	box and stop here. The organization qua	•	•	•			_
b	331/3% support test—2012. If the organ						
	check this box and stop here. The organ	lization qualifie	s as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part IV how the organization meets the "lorganization			-		as a publiciy si	
	-						. • 🗔
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						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	113,479	63,563	93,574	108,910	97,239	476,765
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	8,265	59,005	18,679	19,540	43,368	148,857
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid 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	121,744	122,568	112,253	128,450	140,607	625,622
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						
	Add lines 7a and 7b		.				
8	Public support (Subtract line 7c from	1,			,	- : "	
	line 6.)	- &(; ",	200 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ie ilia			625,622
	on B. Total Support				7.0.22.2	4 3 22/2	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	121,744	122,568	112,253	128,450	140,607	625,622
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .		22.22				150.010
h		13,646	32,031	17,370	37,760	75,403	176,210
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	13,646	32,031	17,370	37,760	75,403	176,210
11	Net income from unrelated business	13,040	32,031	17,370	37,700	73,403	170,210
	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.)	135,390	154,599	129,623	166,210	216,010	801,832
14	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he	re					🕨 🔲
Secti	on C. Computation of Public Suppor	rt Percentage	e				
15	Public support percentage for 2013 (line 8	B, column (f) di	vided by line 1	3, column (f))		15	78.0 %
16	Public support percentage from 2012 Sch	nedule A, Part	III, line 15 .			16	84.4 %
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2013 (line 10c, colum	nn (f) divided b	y line 13, colun	nn (f))	17	22.0 %
18	Investment income percentage from 2012					18	15.6 %
19a	331/3% support tests - 2013. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
b	331/3% support tests – 2012. If the organiz						
	line 18 is not more than 331/3%, check this I		-	· ·			_
$\alpha \alpha$	Drivate foundation If the organization di	d not check a	nov on line 14	TUO OF TUO O	DOOK THIS HOV	and coa inetrii	ctione -

Page	
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Part IV	Supplemental Information. 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).
None	
•••••	
	
	······································

SCHÈDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization American Chemical Society's New York Section, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation ৭ ু ৯ Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

	Mile Organia ali ana Adalah i			A				. 0: 11		9 - / - 1	
	Organizations Maintaining										
3	Using the organization's acquisition,		ssion, and of	iner reco	ras, cne	ck any of th	ie folio	wing that are a	ı sıgr	nificant us	se of its
	collection items (check all that apply):				_						
· a	Public exhibition			d		n or exchang					
b	☐ Scholarly research			е	☐ Othe	er					
С	☐ Preservation for future generation										
4	Provide a description of the organiza	tion's	collections a	and expla	in how	they further	the or	ganızatıon's ex	:emp	t purpose	in Part
	XIII.										
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical to	reasure	s, or other sin	nılar		
	assets to be sold to raise funds rathe	r than	to be mainta	ained as i	part of th	ne organizat	ion's c	ollection? .		☐ Yes	☐ No
Part	IV Escrow and Custodial Arra	ange	ments.								
	Complete if the organization	_		" to Form	n 990. F	Part IV. line	9. or	reported an a	amou	ant on Fo	orm
	990, Part X, line 21.				,						
1a		CUS	todian or oth	ner intern	nediary f	or contribut	tions o	r other assets	not		
	included on Form 990, Part X?									☐ Yes	□ No
h	If "Yes," explain the arrangement in P										
	ir res, explain the arrangement in r	ait Ai	ii and compi	ete the ic	ilowing t	abie.			Amo	ount	
_	Paginnung balanga						4.				
C	Beginning balance						10				
d	Additions during the year						10				
e	Distributions during the year						10				
f	Ending balance						1				
2a	Did the organization include an amou		-							☐ Yes	∐ No
	If "Yes," explain the arrangement in P	art XI	II. Check her	e if the e	cplanatio	on has been	provid	ed in Part XIII	<u>· ·</u>		Ш
Par	t V Endowment Funds.										
	Complete if the organization									 	
		(a)	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack	(e) Four yea	rs back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and		·								
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs								1		
f	Administrative expenses							***	\neg		
g	End of year balance										
2	Provide the estimated percentage of	the ci	irrent vear er	nd balanc	e (line 1	a column (a	a)) held	as.			
- а	Board designated or quasi-endowme			%	· (9, 00.0 (0	-,,				
b	Permanent endowment ►	··· %		/0							
	Temporarily restricted endowment										
C	The percentages in lines 2a, 2b, and	20. ch		006							
32	Are there endowment funds not in th				zation th	at are held	and ac	Iministered for	the		
Ja	organization by:	e pos	556551011 01 11	ie organi	zauon ui	iat are rielu	and ac	ininistered for	uic	TV.	- N-
	•									Ye	s No
	(i) unrelated organizations								•	3a(i)	
_	(ii) related organizations								•	3a(ii)	
b	If "Yes" to 3a(II), are the related organ			•					•	3b	
4	Describe in Part XIII the intended use			on's endo	wment i	runas.					
Part											
	Complete if the organization	n ans	wered "Yes	" to For			9 11a.	See Form 990	<u>), Pa</u>	art X, line	10.
	Description of property		(a) Cost or of			or other basis		Accumulated	İ	(d) Book va	alue
			(investm	ient)	(0	other)	°	lepreciation	<u> </u>		
1a	Land						1	A, Jan , ,			
b	Buildings										
С	Leasehold improvements						L				
d	Equipment										
е	Other										
Total.	Add lines 1a through 1e. (Column (d) i	nust e	equal Form 9	90, Part 2	(, colum	n (B), line 10	O(c).)	>			

Part VII	Complete if the organization and		m 990, Part IV, lin	e 11b. See Form	990, Part X, line	12.
	(a) Description of security or catego (including name of security)	ry	(b) Book value		hod of valuation -of-year market value	
(1) Financial	derivatives					
(2) Closely-I	held equity interests					
(3) Other						
(A)						
(B)						
(C)				ļ		
(D)				ļ		
(E)				ļ <u>.</u>		
(F) (G)				<u> </u>		
(H)						
	(h) must assul Form 000 Post V and (R) Inn 12)					
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) ► Investments — Program Relate		· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * * *	
Part VIII	Complete if the organization and		m 000 Part IV lin	e 11c. See Form	000 Part X line	12
	(a) Description of investment	3WC1CG 1C3 10 1 011	(b) Book value		thod of valuation	10.
	(a) Bossiphon of mysselfion		(b) Book value	1 ' '	-of-year market value	
(1)	· , · ,- · · · · · · · · · · · · · · ·					
(2)				 		•
(3)						
(4)						
(5)				"		
(6)			•			
(7)	· · · · · · · · · · · · · · · · · · ·					
(8)						
(9)					8	
	(b) must equal Form 990, Part X, col. (B) line 13.)			*** *** **	Nic Mar)
Part IX	Other Assets. Complete if the organization and	swored "Ves" to Feri	m 000 Part IV lin	o 11d Soo Form	000 Part V lina	15
		(a) Description	11 990, Fart 1V, III	e i iu. See i oiiii	(b) Book value	
(1) Awards	Medals - For Nichols Awardees			,	(-,	23,411
(2)	medals 1 of Menols Awardees		·			20,411
_(3)			,	•	•	
(4)						
(5)	·					
(6)						
_(7)						
	· · · · · · · · · · · · · · · · · · ·					
(9)						
	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)		<u> ▶</u>		
Part X	Other Liabilities.		000 D+ N/ II-	- 44 446 0	F 000 D+	V
	Complete if the organization and line 25.	swered "Yes" to Forr	m 990, Part IV, IIn	e He or Hit. See	Form 990, Part	Х,
1.	(a) Description of liability	(b) Book value	, i , f -, f +	14.40.11.22.20.7		.8
(1) Federal II		 			, , , , , , , , , , , , , , , , , , ,	2,
(2)					,	,
(3)						
(4)	· · · · · · · · · · · · · · · · · · ·	1			\$,**	
(5)			10000000000000000000000000000000000000		چې ښو پې	*
(6)						. 3
(7)						
(8)				*****	***	s ^d
(9)						
	(b) must equal Form 990, Part X, col (B) line 25.)		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			1
7 Liability fo	runcertain tay positions. In Part XIII. pro-	was the tout of the feets.	ata ta tha araanizatia	n'e financial etatome	ante that reporte the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
	Recoveries of prior year grants			
c d	Other (Describe in Part XIII.)			
	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:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Part				
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a	a	
1	· ·		<u>[1] </u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\$ 3. ·	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	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 IX, line 25, but not on line 1:	1 1	× × 2	
-	Amounts included on Form 330, Fart IX, line 20, but not on line 1.	10		
a		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	Links	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c 5	Part X, lin
a b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c 4c 5	Part X, lir
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	db	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	db	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	- -
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	- -
a b c 5 Part Provid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part Provid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	- -
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	<u>-</u> -
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	- -
a b c 5 Part rovid; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	
a b c 5 Part rovid ; Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ane 18.)	s 1b and 2b; Part V, line 4; additional information.	

Schedule D (Fo	rm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
·		·····

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 13-1926773

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

American Chemical Society's New York Section, Inc.

Part I General Information on Grants and Assistance

Partl

-	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?	in records to sub award the grants	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility 16	or the grants or assistance	e, and · · · □ Yes □ No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part	Grants and Other Assistance to Governmen Part IV, line 21, for any recipient that received	sistance to Go y recipient that		Organizations i	in the United St Il can be duplica	its and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization answespace is needed.	its and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
-	(a) Name and address of organization or government	(b) EIN		(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
(£)								
8								
<u>(6)</u>								
<u>4</u>								
<u>2</u>								
9								
(<u>a</u>								
<u>®</u>								
6								
<u>5</u>								
E								
12)								
2 8	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	501(c)(3) and gov ganizations listed	vernment organizar	tions listed in the li	ne 1 table			A A
or P	or Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		S	Cat. No. 50055P		Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 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 Development Programs run by ACSNY: Chemistry Olympiad Young Chemists Computers in Chemistry National Chemistry Week Organic Topical Science Café

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

American Chemical Society's New York Section, Inc.

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

► Attach to Form 990. ► See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

201

OMB No. 1545-0047

Employer identification number

13-1926773

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity °N Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets 501(c)(3) (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) Washington, DC (b) Pnmary activity (b) Primary activity Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization 1155 Sixteenth Street, NW. Washington, DC 20036 (1) American Chemical Society National Part II € ල € Ξ 8 9 <u>N</u> <u>0</u> ල 9 8

Schedule R (Form 990) 2013

Cat No 50135Y

Pecause in had one or more related organizations treated as a partnership cluring the tax year. by lead organization are related organizations are proported in the company and the tax year. control organization are related organizations are company and the tax year. Control organization are related organizations are company and the company and	Schedule R (Form 990) 2013	ations Taxable a	s a Partnersh	hip Comple	ete if the o	rganizatic	n answe	red "Yes	" on Form 990	. Part IV.	line 34	Page 2
Section Country Composition Country	or more related	organizations tre	ated as a part	tnership di	uring the t	ax year.						
Ganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie of the organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization answered "Yes" on Form 990, the last domeie organization and the last d	(b) Pnmary activity		(d) Direct controlling entity	(e) Predomina income (relat unrelated excluded fra tax under			(g) hare of end⊸ year assets	(h) of- Orsproporti				(k) ercentage ownership
Ganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, rmore related organizations treated as a corporation or trust during the tax year. (C corp, S corp or trust) (C corp, S corp or trust)									40	Yes	S	
r more related organizations treated as a corporation or Trust Complete if the organization answered "Yes" on Form 990, remove related organizations treated as a corporation or trust during the tax year. (Comp. Scop., or tust) State of overentage returned in the prince of the prince of the organization and trust of the organization answered "Yes" on Form 990, state of the organization or trust during the tax year.					· .,							
The related organizations treated as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, and the primary activity (state or frongin country) activity (corp, Sorp, or trust) (corp												
Printed Figure 2 Printed Fig												
Ganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, rmore related organizations treated as a corporation or trust during the tax year. (b) (d) (d) (e) (f) (e) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h											<u> </u>	
Ganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, remove related organizations treated as a corporation or trust during the tax year. (b) (b) Legal domicle (state or foreign country) (C corp., S cop. or tust) (C corp., S cop. or tust) (C corp., S cop. or tust) (C corp., S cop., or tust) (C												
Ganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, represented organizations treated as a corporation or trust during the tax year. (a) (b) (c) (c) (c) cop, S cop, or tust) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c												
reganizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, real action of trust during the tax year. (b) (c) Primary activity (state of foreign country) (c) cop. Scop. of trust) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c												
Primary activity Legal domicile (C contr.) S corp. or trust) Income entd-of-year assets ownership entd of trust (C corp.) S corp. or trust) (C	Related Organizations of the contraction of the con	itions Taxable a related organizat	s a Corporati	tion or Trusas a corpor	st Comple ation or tr	ete if the c ust during	rganization	on answe	ered "Yes" on	Form 990), Part	<u>`</u>
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domic (state or foreign o		(d) t controlling entity	(e) Type of e (C corp, S cor		(f) lare of total income	(g) Share of end-of-year assets			(i) n 512(b)(13) ntrolled entity?
											Yes	

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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			-MV	26,054 FMV	S	(1) American Chemical Society National
lved	unt invo	д атог	Method of determining amount involved	Amount involved	Transaction type (a–s)	Name of related organization
ġ	2 	5	חווף מוום מווח	Complete this line, moduling covered relationships and transaction unresholds.	חוואופנפ נוווס וווופ, וווכו	if the answer to any of the above is these and the mandandistic mindfination of who must
	_[.	<u>۔</u>				s Other transfer of cash or property from related organization(s)
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		19				a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
7.7			IHV?	izations listed in Parts	or more related orgar	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
	Yes					Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(4)	4	100	5	17	ŀ		1	5	5	18
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of		Disproportionate	Code V—UBI		Percentage
		(state of loreign country)	unrelated, excluded from tax under	section 501(c)(3) organizations?		end-or-year assets	allocallons	of Schedule K-1 (Form 1065)	managing partner?	ownersnip
			Sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)								:		
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