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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ 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.

<u>A</u> _	For the 2	2013 cale	endar year, or tax year beginnii	ng January 1	<u>, 2013, a</u>	and ending	Decen	nber 31	, 20 13
В	Check if a	pplicable	C Name of organization American	Chemical Society - Di	vision of Poly	ymeric Mate	erials Scie	D Employ	er identification number
	Address cl	hange	Doing Business As American (						52 6055670
	Name chai	nae	Number and street (or P O box if			Room/suite	,	E Telepho	ne number
	Initial retur	٠ ا	18419 Cornflower Road				ì		240-277-7177
	Terminated		City or town, state or province, co	ountry, and ZIP or foreign po	ostal code				
	Amended		Boyds, MD 20841	,,				<b>G</b> Gross re	eceipts \$
	Application	n pendina	F Name and address of principal of	icer Dr. Jamil Baghd	achi.		H(a) Is this a or	oun return for	subordinates? Yes V No
	.,		37434 East Meadowhill Drive,	J					s included? Yes No
ī .	Tax-exemp	ot status	✓ 501(c)(3)		74947(a)(1) or	527	<b>⊣</b> ''		a list (see instructions)
J	Website		//pmse sites acs org/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			H(c) Group	exemption	number ▶
K	Form of ord			ciation ☐ Other ▶	L Ye	ar of formatio			of legal domicile
_	art I	Summ	<del></del>					1	
	_		escribe the organization's mis	ssion or most signific	ant activities	Provide	a forum to e	exchange	technical information &
ë	1	-	eractions in materials science	<del>-</del>					
Governance			onal boundaries to create the p						
Ě			is box > I if the organization						
ð			of voting members of the go			isposed of	more man	3	
ڻ حم						· · ·	•	4	56
Se	1		of independent voting memb		-		•		56
Activities &	1		mber of individuals employed	-	3 (Part V, III)	e 2a)	•	5	0
Ċţ	1		mber of volunteers (estimate	• •			ē	6	
⋖	I		elated business revenue from				• •	7a	
	<b>b</b> N	let unrei	lated business taxable incom	ie from Form 990-1, I	ine 34		· ·	7b	
							Prior Ye	ar	Current Year
ē			tions and grants (Part VIII, lin		• • •		\$18	3,556 00	\$176,255 39
ē	1	-	service revenue (Part VIII, lin			•		3,454 00	\$2,190.00
Revenue	1		ent income (Part VIII, column			· · <u> </u>			
			venue (Part VIII, column (A), lı				\$2	4,588 00	\$17,190 20
	12 T	otal reve	enue-add lines 8 through 11	(must equal Part VIII,	column (A), III	ne 12)	\$21	1,597.00	\$195,635 59
	<b>13</b> G	arants ar	nd sımılar amounts paid (Pari	t IX, column (A), lines	1–3) .		\$8	2,848 00	\$70,812 27
	14 B	Benefits	paid to or for members (Part	IX, column (A), line 4)					
S	15 S	Salaries, i	other compensation, employed	e benefits (Part IX, colu	ımn (A), lines	5–10)	\$2	2,876.00	\$21,844 79
Expenses	16a P	rofessio	onal fundraising fees (Part IX,	column (A), line 11e					
ĝ.	b T	otal fun	draising expenses:(Part-IX-e	<u>գլարո-(Ձ</u> ), line 25) ▶					
ŵ	<b>17</b> C	Other exp	penses ( <u>Part IX-column (A)-l</u>	nes 11a-11d, 11f-24	e) .		\$11	7,822 00	\$127 861 19
	18 T	otal exp	enses Add lines 13-17 (mus	st equal Part IX, colur	nn (A), line 25	5)		3,546 00	\$220,488 25
			less expenses   Subtract line		. ,,	<i>'</i>		1,949 00	-\$24,852 66
- Se			IN AUG T 8 ZU	14 W		Be	ginning of Cui		End of Year
ets (	<b>20</b> T	otal ass	ets (Part X, line 16)	<u> </u>			\$1.17	9,745.00	\$1,468,260 03
Assets or	21 T				•	-	<b>W1,17</b>	3,740.00	\$1,400,200.00
Fee	22 N	let asset	ts or fund balances Subtract	line 21 from line 20		. –	\$1.17	9,745 00	\$1,468,260 03
	art li		ture Block		<u> </u>			0,7.10.00	V.(120/00000
			ry, I declare that I have examined thi	s return, including accomp	anving schedule	s and stateme	ents and to th	ne hest of r	my knowledge, and belief it is
			lete Declaration of preparer (other th						.,,
	T								
Sig	ın İ	Signa	ature of officer				Dat	e	
He			(In the					8/9/	14
		Type	e or print name and title	Chartelon	Soles.	Tencerne		- / _ /	<u>, ,                                   </u>
	<del></del> _	<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name	Preparer's signature	30167	Treesw Date		1	PTIN
Pa			• • • • • • • • • • • • • • • • • • • •			-3.0		Check self-emp	ıt
	eparer	-					1_		,
Us	e Only		<del></del>			******		's EIN ▶	
N/-	v the IDC		ddress •	r about about 1	inetriietiese\		Phor	ne no	
			s this return with the prepare		instructions)		<u> </u>	• •	Yes No
For	Paperwo	rk Redu	ction Act Notice, see the separ	rate instructions.		Cat No	11282Y		Form <b>990</b> (2013)

Page 2
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nity
✓ No
✓ No
ured by others,

Form 990 (2013)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Provide a forum to exchange technical information &
	Oster interactions in materials science & engineering for the chemistry community. Reach out across technical, generational, and international boundaries to create the premier home for materials science & engineering research within the chemistry community.
	international boundaries to create the premier nome for materials science a engineering research within the chemistry community
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	Services?
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ \$69,494 03 including grants of \$ 0) (Revenue \$ \$57,800 39)
	Organize and host polymer related symposia at semi-annual National ACS Meetings. Expenses include
	speaker fees and travel per diems, guest registrations, speaker breakfasts/lunches/dinners, and social events
	······
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	•••••••••••••••••••••••••••••••••••••••
	······································
4b	(Code ) (Expenses \$ \$43,100.00 including grants of \$ 43,100.00 ) (Revenue \$ 0)
	·
	Contributions to the chemistry community to advance our mission through grants to support polymer related programming at
	international meetings not affiliated with the semi-annual National ACS Meetings, award programs for polymer scientists, and
	support for advancing education in polymer science.
	······································
4c	(Code: ) (Expenses \$ \$6,190.35 including grants of \$ 0) (Revenue \$ \$2,190.00)
	Publications for our members
	······································
	<del></del>
	•
4d	Other program services (Describe in Schedule O.)
<u> </u>	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program conven convences • \$110,704,20

Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
1	complete Schedule A	1	✓	
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 candidates for public office? <i>If</i> "Yes," complete <i>Schedule C, Part I</i>	3	✓	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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
d	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		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ .	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u></u>	<b>✓</b>
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		✓
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		✓
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓

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Part	Checklist of Required Schedules (continued)		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	<b>✓</b>	
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 29 If "Yes," complete Schedule I, Parts I and III .	22	<b>√</b>	
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		1
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		1
b c	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		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
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	<u>.</u>	✓
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 35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>✓</b>
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? <i>If "Yes," complete Schedule R, Part M.</i>	27		<b> </b>
38	Part VI	37	<b>√</b>	<b>Y</b>
			200	

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>	<u> </u>	
4-			Yes	No
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	/	-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		}
•	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	-	<del>                                     </del>	$\vdash$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b> </b>
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		1
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			ĺ
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Q.		1
7	gifts were not tax deductible?	6b		<del>                                     </del>
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<del>                                     </del>	<u> </u>
-	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	_ 8		<b> </b>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<b>V</b>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b		<b>✓</b>
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter.	1		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>/</b> _
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	igsqcup		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			İ
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			İ
	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del></del>	<b>-</b>

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	ions
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·</u>		. <u>√</u>
Secil	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56	Γ		-
	If there are material differences in voting rights among members of the governing body, or			ĺ
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 56			
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		<b>/</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<b>V</b>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	/	<b>V</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	<u>v</u>	
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	<b>√</b>	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	_8b	<b>✓</b>	
·	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		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			_
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<b>-</b>
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>                                     </b>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓_
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			[
16a				
1.	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website Upon request Other (explain in Schedule O)	arect :	المالم	, ~~~
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year	ะเ ศฎ [	JUICY	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization <sup>-</sup> ► Christopher Soles, Treasurer, 18419 Boyds MD, 20841, 240-277-7177			_

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

Check if Schedule O contains a resp	onse 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 employees."
- 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 orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee	_
<u> </u>		<u> </u>			<b>C)</b>						
(A)	(B)	(do n	at at	Pos		than	200	(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box,	(do not check more than o box, unless person is both			an	Reportable	Reportable	Estimated		
			ficer and a di		(irector/trustee)		•	compensation from	compensation from related	amount of other	
	hours for	Individual trustee or director	Insti	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation	
	related organizations	rect /idua	T L	ĕ	emp	est o	l e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	9 =	nali		loye	e	ĺ			and related organizations	
	line)	stee	Institutional trustee		ñ	bens				Organizations	
			8			ated					_
(4) (4)											
(1) Chair Professor David Martin	2			1				0	o	o	n
(2) Ohana Elana	2			Ť	-		$\vdash$				-
Professor Jamil Baghdachi	<del>-</del>	1		1				0	o	o	0
(0) 01	2						_	1		· · · · · · · · · · · · · · · · · · ·	-
Professor Sergio Granados-Focil	1	1		1				o	0		0
(4) Secretary	2										_
Dr. Qinghuang Lin				✓				0	0		<u>0</u>
(5) Treasurer	5										
Dr Christopher Soles				✓				0	0	0	ī
(6) Past Chair	11			١,							
Professor David Schiraldi			_	<b>✓</b>			<u> </u>	0	0	0	<u>)</u>
(8)											_
(9)									1		-
(10)		- <del>-</del>									-
(44)	-										-
(11)											_
(12)											
(13)							-				-
(14)											-

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	ot ch unles	s pe	ition more	than of the state	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fre related organizations (W-2/1099-MISG		am comp fro orga and	(F) Imated ount of other pensation the inization related on ization	f on in d
(15)														
(16)							*							
(17)											-			
(18)											-			
											-			
(19)														
(20)														
(21)														
(22)														
(23)											+			
(24)						-					+	_		
(25)														
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		•		 		<b>^ ^</b>	0		0			0 0 0
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,	,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete S	ficer, direct					•	mp	loyee, or high	est compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1		000							4		1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indivi	dual	5		1
	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Replyear	•												ax
	(A) Name and business addi	ress							(B) Description of se	ervices	Co	(C) ompens	ation	
												_		
	Total number of independent contractor received more than \$100,000 of compens	•	-					the	ose listed abo	ve) who		_		

Par	: VIII	Statement of Revenue					
	•	Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
ğ a	þ	Membership dues 1b	\$130,015.39				
s, C	С	Fundraising events . 1c					
ar ja	ď	Related organizations 1d	T	ľ			
is,	e	Government grants (contributions) 1e					
P S	f	All other contributions, gifts, grants,					
草		and similar amounts not included above 1f	\$46,240 00	1			
d d	g	Noncash contributions included in lines 1a-1f \$					
<u>a</u>	h	Total. Add lines 1a-1f	▶	\$176,255 39			
			Business Code				
ven	2a	Publications	900099	\$2,190 00			
æ	b						
Vice	С						
Ser	d						
E	е						
Program Service Revenue	f	All other program service revenue.					
_ة_	g	Total. Add lines 2a-2f .		\$2,190 00			
	3	Investment income (including divid	dends, interest,				
		and other similar amounts) .	▶ [				
	4	Income from investment of tax-exempt b	ond proceeds ►				
	5	Royalties	▶	\$13,065 <u>53</u>			
		(ı) Real	(II) Personal				
	6a	Gross rents .	<del>                                     </del>				
	b	Less rental expenses	<del> </del>				
	С	Rental income or (loss)	<u> </u>				
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					!
		and sales expenses .	<del></del>				
	C	Gain or (loss)					
	d	Net gain or (loss)	. •		-		
venue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c) See Part IV, line 18 a					
ŧ	b	Less direct expenses b	,				
	С	Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.  See Part IV, line 19 a					
	_	Less: direct expenses					
		Net income or (loss) from gaming act					
		Gross sales of inventory, less	IVIIIcs . P			<del></del> -	
	iva	returns and allowances . a	1				
	b	Less. cost of goods sold . b	,	_	_		
}	С	Net income or (loss) from sales of inv	entory ►				
j		Miscellaneous Revenue	Business Code				
ĺ	11a	ACS reimbursement for councilors	900099	\$4,124.67	··		
	b						
1	c						
	d	All other revenue					
ĺ		Total. Add lines 11a-11d .	. ▶	\$4,124 67			
	12	Total revenue. See instructions	. ▶	\$195,635,59			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	Il other organization:	s must complete col	umn (A)
	Check if Schedule O contains a respon				. 🗆
	ot include amounts reported on lines 6b, 7b, b, 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	\$11,000	\$11,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 .	\$59,812 27	\$59,812 27		818.191
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  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	\$21,844 79		\$21,844.79	
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees)  Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting				
d	Lobbying	-			
е	Professional fundraising services See Part IV, line 17				
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				
13	Office expenses	\$341.54	_	\$341.54	
14 15	Information technology				
16	Occupancy	<del></del>	-		
17	Travel	\$17,994.26	-	\$17,994.26	-
18	Payments of travel or entertainment expenses	\$ [17] GG (112G			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	\$41,781 76	\$41,781 76		
20	Interest	<u></u>			
21 22	Payments to affiliates	\$20,279 52	\$20,279.52		
23	Depreciation, depletion, and amortization . Insurance			<del>-</del>	
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	publication expenses	\$6,190 35	\$6,190 35		
b	National Meeting Exec Comm Meals	\$13,986 57		\$13,986 57	
C	PMSE Strategic Planning Offsite	\$27,257 19		\$27,257 19	
ď					
e	All other expenses				·
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	\$220,488.25	\$139,063.90	\$81,424 35	
20	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)				

P	art X	Balance Sneet			
	•	Check if Schedule O contains a response or note to any line in this Pa	ırt X	<del></del>	. <u>L</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$24,877 22	1	\$36,320 30
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ş	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	\$1,154,868 00	11	\$1,431,939 73
	12	Investments—other securities. See Part IV, line 11	V1,101,000 00	12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	<del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$1,179,745 22	16	\$1,468,260 03
	17	Accounts payable and accrued expenses	<u> </u>	17	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities	,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>a</u>	23	Secured mortgages and notes payable to unrelated third parties	ļ	23	
_	l			24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		27	<del></del>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		- Coloniula D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
es		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	\$710,614 00	27	\$890,242 39
<u>e</u>	28	Temporarily restricted net assets	<u> </u>	28	
8	29	Permanently restricted net assets	\$444,254 00	29	\$541,697 3
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ét	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances		34	

Page	12	
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						<del></del>
Part	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				
2	Total expenses (must equal Part IX, column (A), line 25)	2			_	
3	Revenue less expenses. Subtract line 2 from line 1	3	·			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
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				
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	•	<u> </u>	٠,	<del></del>	oxdot
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	n		Ì	
	Schedule O			-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or	-		
	reviewed on a separate basis, consolidated basis, or both:			İ	İ	: I
	Separate basis Consolidated basis Both consolidated and separate basis			-		,
b	Were the organization's financial statements audited by an independent accountant?		21	2		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	a on	a			
	separate basis, consolidated basis, or both:					ı
	Separate basis Consolidated basis Both consolidated and separate basis	ا	.		ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the sound selection of an independent association of a independent association of an independent association of an independent association of an independent association of an independent association of an independent association of an independent association of an independent association of an independent association of an independent association of an independent association of a independent association of a independent association of a independent association of a independent association of a independent association of a independent association of a indep					
	of the audit, review, or compilation of its financial statements and selection of an independent accou			<u>-</u>	-	
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	III		1	
_	Schedule O	forth :	_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth I	- 1			,
	the Single Audit Act and OMB Circular A-133?.		36	<b>=</b>		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo such as a supplied to a produce organization undergo such as		ie     31			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis.		- 1	000	(0040)
			F	orm	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

Open to Public Inspection

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.

Employer identification number Name of the organization American Chemical Society - PMSE Division 52 6055670 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **d** Type III-Non-functionally integrated a Type I **b** Type II **c** Type III–Functionally integrated e 🗀 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? . 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(m) Provide the following information about the supported organization(s) (III) Type of organization (vii) Amount of monetary (iv) is the organization (v) Did you notify (vi) Is the (ii) EIN (i) Name of supported in col (i) listed in your the organization in organization in col support (described on lines 1-9 organization governing document? (i) organized in the col (i) of your above or !RC section support? US? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2013 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") revenues levied 2 Tax for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unıt publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 7 Amounts from line 4 . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . 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 Gross receipts from related activities, etc. (see instructions) . 12 . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Sect 14 15 16a ٦ b

Secti	on C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)	14		<u>%</u>
15	Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a	331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331	₃% or	more, check this	
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization	•	<b>&gt;</b>	
b	331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line	15 is	331/3% or more,	
	check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .		. ▶	
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	d sto	<b>p here.</b> Explain in	
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	ıs box n qual	and stop here ifies as a publicly .	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this l	box and see	
	instructions		<b>.</b>	
	Sch	edule A	(Form 990 or 990-EZ)	2013

#### 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.)

Coot	in the organization rails to quality	under the tes	sts listed beit	w, piease co	mpiete Part i	1.)	
	on A. Public Support	4 3 2222	# N 00 4 0 T		4,0010		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	_(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	\$195,388.00	\$187,462.00	\$147,543 00	\$183,556.00	\$176,255 39	\$890,204 39
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	\$10,350 00	\$3,364 00	\$1,120.00	\$3,453 00	\$2,190 00	\$20,477 00
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			Ì			
	organization's benefit and either paid						
	to or expended on its behalf .	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5.	\$205,738 00	\$190,826 00	\$148,663 00	\$187,009.00	\$178,445 00	\$910,681 39
7a	Amounts included on lines 1, 2, and 3				1	l	
	received from disqualified persons	0	0	0	0	0	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				İ		
_	·	0	0	0	0	0	0
8	Add lines 7a and 7b	0	0	0	0	0	0
O	Public support (Subtract line 7c from line 6)			ļ			****
Secti	on B. Total Support	<u> </u>					<u>\$9</u> 10,681 <u>39</u>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6	\$205,738 00	\$190,826.00	\$148,663.00	\$187,009.00	\$178,445.00	\$910,681 39
10a	Gross income from interest, dividends,	\$203,738.00	\$190,820.00	\$146,003.00	\$ 187,003.00	\$170,443.00	\$510,081 33
	payments received on securities loans, rents,						
	royalties and income from similar sources .	o	o	o	o	o	0
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses		-				
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	- 0	0	0	0		0
11	Net income from unrelated business						
	activities not included in line 10b, whether		!				
	or not the business is regularly carried on	o	0	o	o	o	0
12	Other income Do not include gain or						
	loss from the sale of capital assets		Ì	İ			
	(Explain in Part IV)	0	o	0	\$24,588 00	\$17,190 20	\$41,778 20
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	\$205,738.00	\$190,826 00	\$148,663 00	\$211,597 00	\$195,635 20	\$952,459 20
14	First five years. If the Form 990 is for the	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	_	• •			<u> </u>	
	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8		-	3, column (f))	•	15	100 %
16	Public support percentage from 2012 Sch			· · · ·		16	100 %
	on D. Computation of Investment Inc			1 10 :	(n)	1 45 1	0/
17	Investment income percentage for 2013 (I					17	0 %
18	Investment income percentage from 2012					18	0 %
19a	331/3% support tests—2013. If the organi						
	17 is not more than 33½%, check this box a	-	=		-	-	
b	331/3% support tests – 2012. If the organization 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						
20	Filivate Touridation. If the organization did	THUL CHECK & D	OX OH IIIIE 14,	iaa, oi 190, Ci	IOOK IIIIS DOX 8		tions 🕨 🗌

Schedule A (I	Form 990 or 990-EZ) 2013	age '
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	nd
he other i	ncomes listed in Line 13, columns (d) & (f) reflect income from	
Royaltie	es from publications sponsored by PMSE Division	
Reimbu	rsements from the ACS for travel by our Councilors to the ACS National Meetings to participate in ACS governance meetings	
		<b>-</b>

# **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.

OMB No 1545-0047

▶ Attach to Form 990.

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

Z013	Open to Public Inspection	Employer identification number .
		Employer iden

Americ	American Chemical Society - PMSE Division	VISION						52 6055670
Part	General Information on Grants and Assista	on Grants and	Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to subs	tantiate the amou	int of the grants or	assistance, the g	grantees' eligibility fo	r the grants or assistan	ice, and
	the selection criteria used to award the grants or assistance?	award the grants o	or assistance?			•		· · · · Ves
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedure	es for monitoring	the use of grant fu	nds in the United			
Part		sistance to Gory recipient that r	vernments and eceived more the	Organizations i	in the United Sill can be duplicated	tates. Complete if ated if additional s	the organization ans pace is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
<b>-</b>	1 (a) Name and address of organization or government	(b) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Inte	(1) Intersociety Polymer Education	22.3437412		410 000				Polymer Education K-12
8								
(3)								
<b>4</b>								
<u>(2)</u>								
(9)								
<u>6</u>								
(8)								
6								
(10)								
(11)								
(12)								
ი ი	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listed	rnment organiza	organizations listed in the line 1 table	line 1 table			1 0
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		0	Cat No 50055P		Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AkzoNobel Outstanding Graduate Student Award	9	\$6,100			•
2 PMSE Cooperative Research Award	ĸ	000'9\$			
3 Doolittle Award	-	\$1,000			
4 PMSE Distinguished Service Award	-	\$750			
5 Tess Award in Applied Coatings	-	83,000			
6 Speaker Honoraria for Symposia at Nat'l Mtgs	99	\$43,712.27			
7					
Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other addition	onal information.

Members of PMSE (our organization) atttend all the Intersociety Polymer Education Council committee meetings at the ACS National Meetings and actively participate in their discussions. A report is then made twice a year to the PMSE Executive Committee at each of the ACS National Meetings with updates on their activities to ensure that the funds are used for their intended purpose

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

American Chemical Society - PMSE Division 52 6055670 Part IV Line 38 - schedule O was completed and explanations for Part VI, line 19 is provided below here under the section for Part VI Part V Line 3b - the organization does not conduct any "unrelated business" Line 13b - the organization does not provide health insurance Line 14b - the organization does not provide tanning services Part VI Line 6 - the organization has approximately 4500 members, it does not have stockholders Line 7b - a number of decisions are subject to approval, by a majority vote, by the organization's members. Wether a particular issue is subject to approval by the members or not is deiced by the executive board (governing body) unless specifically stated in the organizations bylaws. Line 19 - the bylaws for the organization are publically available on the organizations website, which covers any conflict of interest issues The financial statements for the organization are submitted to the ACS tax compliance board (mother organization) for review. Members are able to request and review these tax documents each year by contacting ACS (mother organization) or the the organization directly. Twice a year the financial statements are openly reviewed at the organizations executive committee meetings (co-located with the ACS National Meetings) which are open to all members.

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
		<b></b>
		••••••••