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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

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.

Open to Public

	inten	na! Reven	ue Service	► Information about Form 990 and its instructions is at www.irs.gov/form990.	<u> </u>	Inspection		
	A	For the	2015 cale	ndar year, or tax year beginning , 2015, and ending		, 20		
	В	Check if	applicable.	C Name of organization American Chemical Society's New York Section, Inc.	D Employer identification number			
		Address		13-1926773				
	_	Name ch	_	E Telephor	ne number			
	_			Number and street (or P.O box if mail is not delivered to street address) Room/suite C/o St. John's University, 8000 Utopia Parkway				
	믐	Initial ret			516-783-6281			
	닐		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	\sqcup	Amende		Salitated, 11. 11 tee	G Gross re			
	\sqcup	Applicati	on pending		H(a) is this a group return for subordinates? Yes V No			
				H(b) Are all su	ubordinates	s included? Yes No		
	1	Tax-exer	npt status	√ 501(c)(3)	," attach a	list (see instructions)		
	J	Website	· ► wwn	v newyorkacs org H(c) Group e	xemption	number ►		
	K	Form of c	organization	✓ Corporation Trust Association Other ► L Year of formation: 1935	M State	of legal domicile NY		
	P	art I	Summ	arv				
	_	1		scribe the organization's mission or most significant activities:				
	Ф	1	-	Education and Professional Development in the field of Chemistry.				
	ဋ		Circinical	Education and Professional Development in the relator Chemistry.				
	Governance	_	Chooleth	s box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	25.06 of	ite not accate		
	Š	2			3			
	Ğ	3		of voting members of the governing body (Part VI, line 1a)		37		
	Activities &	4		of independent voting members of the governing body (Part VI, line 1b)	4	37		
	£	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)	5	0		
	흦	6		nber of volunteers (estimate if necessary)	6	50		
	ĕ	7a	Total unr	elated business revenue from Part VIII, column (C), line 12	7a	0		
		b	Net unre	ated business taxable income from Form 990-T, line 34	7b	0		
4				Prior Yea	<i>σ</i>	Current Year		
2016	•	8	Contribu	ions and grants (Part VIII, line 1h)	234,163	318,979		
(\7	Ž	9	Program	service revenue (Part VIII, line 2g)	55,456	38,333		
(3)	Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	61,153	1,108		
Ģ	æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0		
۵.		12		•	350,772	358,420		
SEP		13		nd similar amounts paid (Part IX, column (A), lines 1–3)	62,720	53,149		
		14		paid to or for members (Part IX, column (A), line 4)	02,720	03,143		
SCANNED								
7	es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0		
Ž	Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)	0	0		
₫,	훘			draising expenses (Part IX, column (D), line 25) ▶				
()		17		· · · · · · · · · · · · · · · · · · ·	197,303	264,687		
(AS)	•	18		· · · · · · · · · · · · · · · · · · ·	260,023	317,836		
		19	Revenue	less expenses Subtract line 18 from line DECOLIVED	90,749	40,584		
	58	1		Beginning of Curr	ent Year	End of Year		
	캶	20	Total ass	ets (Part X, line 16)	842,673	883,257		
	A P	21	Total liab	ets (Part X, line 16) litites (Part X, line 26) s or fund balances. Subtract line 20 1 9 2016	-0-	-0-		
	Net Assets or Fund Balances	22	Net asse	s or fund balances. Subtract line 21 from line 20 - 20 0	842,673	883,257		
	Pá	art II		ure Block				
	Un	der pena			best of m	ny knowledge and belief, it is		
	tru	e, correct	, and compl	y. I declare that I have examined this return, including accompanying schedules and statements, and to the ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	egt	, ,		
				Though Comano	Inc.	13.2016		
	Sig	ın	Sign	ature of officer Date		13/200		
	He	•		FRANK ROMANO, TREASURER				
			Turne	or print name and title				
						PTIN		
	Pa	id	1	En la Paris de Chaland	Check [취 # [
	Pro	epare	r Frank (Grayeski Frankfrayer 8/13/2016		13-3678330		
	Us	e Onl	y Firm's n	ame ► Frank Grayeski U Firm's	s EIN 🕨			
			Firm's a	ddress ► 215 Blackburn Road, Summit, NJ 07901-2325 Phone	ė no.	917-860-0691		
	Ma	y the IF	S discus	this return with the preparer shown above? (see instructions)		🗸 Yes 🗌 No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

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Part	V 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," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	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	-	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		✓
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
đ	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		1
	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	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
	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		✓
	-Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
	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		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		√
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? If "Yes," complete Schedule G, Part II	18		▼
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		<u>*</u>

Part	Checklist of Required Schedules (continued)		r	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\ \
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		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		1
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 "Yes," complete Schedule L, Part II	26		1
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	28a 28b		1
C	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? <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>	29 30		1
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		7
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</i> "Yes," <i>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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	<u> </u>

^o art				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 📙
1a	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable	_	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b It	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
•	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			l
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)		-	
3а	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		✓
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E-0		, -
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u>*</u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		-
	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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h 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. Did a donor advised fund maintained by the	7h		<u> </u>
•	sponsoring organizations maintaining donor advised lands. Did a donor advised land maintained by the sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
-b	-Did-the-sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
b .₄	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
1 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is beened to issue suclified books also			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	s in Schedule O	. See in	struct			
Secti	on A. Governing Body and Management	• • • • •	· · · ·		· <u></u>		
		l <u>.</u>		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O.	1a	37				
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	elationship with	2	1			
3	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						
4 5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 5 6						
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members			1		
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken durınç			· _		
а	The governing body?		8a	1	<u> </u>		
ь	Each committee with authority to act on behalf of the governing body?		8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		<u>/</u>		
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	enue C	Ode.) Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	110		
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.			V	1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				✓_		
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter of the schedule of the sched	oolicy? <i>If "</i> Yes,"	12c		1		
13	Did the organization have a written whistleblower policy?		13		<u>/</u>		
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by	, 14		✓		
а	The organization's CEO, Executive Director, or top management official		15a				
b	Other officers or key employees of the organization		15b				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simi						
b	with a taxable entity during the year?		16a		/		
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		_		
Secti	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► New York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply	nd 990-T (Secti	on 501(c)(3)s	only)		
19 20	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of ı			, and		
20	State the name, address, and telephone number of the person who possesses the organization	II S DOOKS and	recoras	. •			

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	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	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	unles	Pos neck ss pe	rson	e than of the both or/trus Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Paris Svoronos	10									
Chair			\vdash	-	-			0	0	0
(2) Alison Hyslop Chair-Elect	4			/			ļ	0	o	0
(3) Joseph Serafin	6			Ť		<u> </u>	┢─	<u>_</u>		
Secretary	† <u>*</u>			1				0	o	0
(4) Robert Nolan	6							<u> </u>		
Treasurer				1				o	o	0
(5) Pamela Kerrigan	2									
Part Chair				1				<u> </u>	0	0
(6) Marilyn Jerperson	15									
Executive Administrator					-/-			19,900	0	
(7)				 					!	
(8)								- · · · - ·		
(9)										
(10)										
(11)										
(12)				 						
(13)					-					
(14)										· <u>-,</u>

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title			(B) (do not check more box, unless person officer and a directed list any					(D) Reportable compensation from	(E) Reportation compensation related	n from	am	(F) timated ount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-F	ons	comp fro orga and	other pensation om the unization related nization	n I
(15)						-								
(16)														
(17)														
(18)														
(19)												<u> </u>		
(20)														
(21)											-			
(22)												_		
(23)											+			
(24)											_			
(25)														
1b	Sub-total		• •		•		•	•	0		0			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section		•	•		•		0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th		list	ed a	above	e) w	<u> </u>	ore than \$1) of		
_										• • • • • • • • • • • • • • • • • • • •			Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> \$							mp 	loyee, or high	est compe · · · ·	nsated	3		1
— 4 —	For any individual-listed on line 1a, is the organization and related organizations													
5	individual	 r accrue co	 mper	nsat	ion	fror	n any	uni	related organiz	ation or inc	 Iividua	1 4		✓
0	for services rendered to the organization?	? If "Yes," c	omple	ete -	Sch	edu	ıle J f	or s	uch person	· · · ·	<u> </u>	5		✓
1	on B. Independent Contractors Complete this table for your five highest of compensation from the organization. Replyear.													 ax
	(A) Name and business add	ress							(B) Description of se	ervices	-	(C)		
None														
														
2	Total number of independent contracto							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	ne oro	ganı	zatı	on l			None				200	

Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a re	esponse 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
at st	1a	Federated campaigns 1	а				
ğ a	b	Membership dues 1	b 46,124				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1	<u>c </u>				
	ď	Related organizations 10	d 5,000	·			İ
	е	Government grants (contributions) 1	Э				
	f	All other contributions, gifts, grants,		i			
혈		and similar amounts not included above					
a at	9	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f		318,979			
Program Service Revenue	0-	Alliahada Comunicati	Business Code				
eve	2a	Nichols Symposium Chemical Economics Education	- 541700	14,418	14,418		
E	b	Chemical Economics Education	541700	23,915	23,915		· · · · · · · · · · · · · · · · · · ·
Š	d						
Š	e		541700 541700				
gra	f	All other program service revenue.					
Po	g	Total. Add lines 2a–2f		38,333			
	3	Investment income (including div		00,000			
		and other similar amounts)	🕨	1,108	1,108		
	4	Income from investment of tax-exempt	bond proceeds ▶				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses		:			
	C	Rental income or (loss)					
	d 70	· · · · · · · · · · · · · · · · · · ·					
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)	-				
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$					
er R		of contributions reported on line 1c). See Part IV, line 18	a	_			
₹	b	• • • • • • • • • • • • • • • • • • • •	b		ì		
	C	Net income or (loss) from fundraisin				<u>.</u>	
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses	b				
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less returns and allowances	1 1				
	b	Less: cost of goods sold Net income or (loss) from sales of in	b ventory •				
		Miscellaneous Revenue	Business Code				
	11a			1	İ		
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	<u> </u>				
	12	Total revenue. See instructions.	▶ [358.420	358 420		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete co	olumn (A).			
	Check if Schedule O contains a response or note to any line in this Part IX							
	nt include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	53,149	53,149					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members							
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):							
a	Management							
b	Legal	15,377	15,377					
C	Accounting	1,625	1,625		· - · · · · · · · · · · · · · · · · · ·			
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17				 			
f g	Investment management fees	00 104	00.404					
12	Advertising and promotion	88,184	88,184					
13	Office expenses			_				
14	Information technology	3,707	3,707					
15	Royalties	3,707	3,707		 			
16	Occupancy			· -	···			
17	Travel	46,226	46,226					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,220	40,220					
19	Conferences, conventions, and meetings .	87,171	87,171		·			
-20	-Interest:			_				
21	Payments to affiliates	11,008	11,008					
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	7,225	7,225					
b	Phone	353	353					
С	Bank Charges	260	260					
d	Contributions	1,500	1,500					
е	All other expenses	2,051	2,051					
25	Total functional expenses. Add lines 1 through 24e	317,836	317,836					
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 is column.							

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 101,950 139,236 Savings and temporary cash investments 2 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. 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 7 7 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 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 720,723 729,021 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 20,000 15,000 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 842,673 883,726 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 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 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third 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 ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 510.244 530,828 28 28 Net Assets or Fund 29 29 332,429 352,429 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32

Total liabilities and net assets/fund balances

883,257

883,257

33

34

842,673

842,673

	Pa	ige 12
		П
<u> </u>		58,420
		7,836
		10,584
		2,673
	88	3,257
	Yes	No
		ı
		,
		-
2a		✓_

Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total expenses (must equal Part IX, column (A), line 25) 2 2 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 R 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:

☐ Cash ☐ Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name	of the organization			•		Employer identification	n number
	ican Chemical Society's New York S						26773
	Reason for Public Cha			<u></u>			ons.
	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)						
1							
2	=						
3 4	=						
~	hospital's name, city, and state:						
5							
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8		y trust described in section 170(b)(1)(A)(vi). (Complete Part II.)					
9							
10 11	 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.						
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С							
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						
f .	Enter the number of supported	-					
	Provide the following information						— — = = = -
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(v) Amount of monetary (vi) Amount of other support (see			
				Yes	No		
(A)							
(B)							
(C)							
(D)							-
(E)							
Total							

Part	ile A (Form 990 or 990-EZ) 2015 Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170/b)/1	MANiv) and	70/b)/1\/A\/v	Page 2
ar ear	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	ion A. Public Support	quality artac	<u> </u>	sted below, p	icase compi	oto i dit iii.j	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(0), 0000	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		•	•	ear as a sectio	
	on C. Computation of Public Suppor			4		1 44 1	
14	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch					15	<u>%</u>
15 16a	-331/a%-support-test—2015If the organization qual	zation did not	check-the box	•		/3%-or more, c	heck this
b	33 ¹ / ₂ % support test—2014. If the organ check this box and stop here. The organic	nization did no	ot check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "factorial organization organization meets the "factorial organization".	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. B	Explain in

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,		·- /	···
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		<u> </u>				
	received. (Do not include any "unusual grants.")	93,574	108,910	97,239	234,163	318,979	852,865
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	18,679	19,540	43,368	55,456	38,333	175,376
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	112,253	128,450	140,607	289,619	357,312	1,028,241
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						· · · · · · · · · · · · · · · · · · ·
	line 6.)		i				1,028,241
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	112,253	128,450	140,607	289,619	357,312	1,028,241
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	17,370	37,760	75,403	0	1,108	131,641
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					:	
С	Add lines 10a and 10b	17,370	37,760	75,403	0	1,108	131,641
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	120 622	166 210	216.010	289.619	358,420	1 150 002
14	First five years. If the Form 990 is for th	-			or fifth tax ye	ar as a section	1,159,882 1 501(c)(3)
<u> </u>	organization, check this box and stop her				· · · · ·	· · · · ·	<u>: </u>
	on C. Computation of Public Suppor			0 (0)		Tae I	
15	Public support percentage for 2015 (line 8		-			15	88.7 %
16 Socti	Public support percentage from 2014 Sch			· · · · ·	<u> </u>	16	83.0 %
	on D. Computation of Investment Inc			ulina 10. aalum	n= (A)	147	
17	Investment income percentage for 2015 (I					17	11.3 %
18	Investment income percentage from 2014 331/2/8 support tests—2015. If the organi					18 ore than 331n9/	17.0 %
19a	17 is not more than 331/3%, check this box						
L			-	•		_	_
b	line 18 is not more than 331/3%, check this b						-
00	Private foundation If the organization did	I not check a h	ov on line 14	10a or 10h o	hack this hav	and eas inetnic	tions 🕨 🗆

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Seci	ion A. All Supporting Organizations		Vac	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined_in_section_4958(c)(3)(C)), a family_member_of a substantial contributor, or a 35%-controlled-entity with—regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			. ago c
	cappo in g o games o o		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Ì	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		•	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		ĺ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations		r	·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	:		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed]
	the supported organization(s).			
Conti		1		
Secu	on D. All Type III Supporting Organizations		V	l Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		-
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- -		
	significant voice in the organization's investment policies and in directing the use of the organization's			`
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
	supported organizations played in this regard.	3		_
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	 s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
— <u>Б</u>	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
_				<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these]		
	activities but for the organization's involvement.	25		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Type III Non-runctionally integrated 309(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income	:	(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		_
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to —emergency-temporary-reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	V-10	tegrated Type III support	ing organization (see

Part		3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity	···		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	ponsive	
0	(provide details in Part VI). See instructions.			···
9	Distributable amount for 2015 from Section C, line 6			
_ 10	Line 8 amount divided by Line 9 amount	1	(:A	(::n
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>			·	
<u>d</u>	From 2013		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	From 2014			
<u>f</u> _	Total of lines 3a through e			
g	Applied to underdistributions of prior years Applied to 2015 distributable amount			· · · · · · · · · · · · · · · · · · ·
<u>h</u> i	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section			
4	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount		:	
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c.	-		
8	Breakdown of line 7:		· · · · · · · · · · · · · · · · · · ·	
а				- · · · · · · · · · · · · · · · · · · ·
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

Open to Public Inspection

Americ	는 당	s Section, Inc.						13-1926773
Part	General Information on Grants and Assistance	on Grants and	d Assistance					
1	Does the organization maintain records to substantiate the	in records to sul	ostantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	e amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and
	the selection criteria used to award the grants or assistance?	ward the grants	s or assistance?					· · · · · · · · · · · · · · · · · · ·
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedu	ires for monitoring	the use of grant fu	nds in the United			
Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answays Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to D or any recipien	omestic Organiz t that received m	ations and Domore ore than \$5,000.	estic Governm Part II can be d	ients. Complete if uplicated if addition	the organization ar	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form ved more than \$5,000. Part II can be duplicated if additional space is needed.
1 (8)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section 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
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ი ო	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 goganizations lister	vernment organiza	ganizations listed in the line 1 table 1 table	ne 1 table			A A
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructio	ns for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) -0þ ģ ¢ (d) Amount of non-cash assistance 9,000 10,000 15,000 16,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients m ~ m 4 Awards for ACS Scholars program at ACS National 3 Research funds for highschool & college students 2 Award to research scientist for outstanding work 1 Research funds for underprivlidged students (a) Type of grant or assistance Part IV Part III S 9

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'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 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 pub	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 Dev	velopment Programs run by ACSNY:					
Chemistry Olympiad, Earth Day, Young Chemists, Computers in Chemistry, National Chemistry Week,	Organic Topical Group, Science Cafe,					
Analytical Chemistry Topical Group, Inorganic Chemistry Topical Group, Biochemistry, High School Te	eacher, Metro Women, Microwave,					
Nano, Retired Chemists. Also, Subsections in Brooklyn, Hudson Bergen, Long Island, Rockland, Staten island, Westchester.						
Form 990, Part IX, Line 11g: \$88,184. Independent Contractor - Program Manager: \$50,000, Executive Administrative Contractor: \$19,900,						
Administrative Contractors: \$11,684, Website Contractor: \$6,000, AV Delivery Contractor: \$600						
······································						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

American Chemical Society's New York Section, Inc.

Related Organizations and Unrelated Partnerships

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

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OMB No. 1545-0047

Inspection

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

Employer identification number 13-1926773

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled £ entity? 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) No (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if 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) Primary activity (b) Pnmary activity Education (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 I Part II € € Ø 2 ල 9 Ξ 2 ල 9 Schedule R (Form 990) 2015

Cat. No. 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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(k) Percentage ownership (i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 £ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? ŝ (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of- 0 year assets (e)
Type of entrty
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (1) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV 8 9 ₹ 3 9 9 2 <u>හ</u> € Ð

	ted Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Form 990) 2015	Transactions With Related Organiz
Schedule R (Part V

	During the tax year, did the organization endage in any of the following transactions with one or more related organizations listed in Parts II-N2	or more related orda		- LW3
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Name of related organization (a) (b) Transaction type (a-s) C S,000 FMV	Other transfer of cash or property from related organization	· · · · · ·	 	
Name of related organization Transaction Type (a-s) C S,000 FMV		complete this line, incl	uding covered relatio	nships and transaction thresholds
Name of related organization Transaction Amount involved Method organization type (a-s) C 5,000 FMV	(a)	3	3	(5)
5,000 FMV	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
	(1) American Chemical Society National	U	5,000	FMV
	(3)			
	(7)			
				Schedule R (Form 990) 2015

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 cross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	a a	(9)	6	(8)	£	5	3	6	ę	3
Name, address, and EIN of entity	Primary activity	nicile	Predominant income (related,	Are all partners section	Sy total	kī	Disproportionate allocations?	Code V—UBI amount in box 20	Gen	Percentage ownership
		country)	unrelated, excluded from tax under sections 512-514)	501(c)(3) organizatlons?		assets		of Schedule K-1 (Form 1065)		
	_			Yes No			Ves No		Yes No	
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Schedule R (F	Schedule R (Form 990) 2015 Page	
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
None		
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