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Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2015 calenda	ar year, or tax year beginning j an 1 , 2015, and ending	Dec	c 31	, 20 15		
В	Check if ap	plicable	C Name of organization	Employe	number			
□ .	Address cl	hange	ACS Division of Computers in Chemistry	23-7277677				
	Name cha	inge	Number and street (or P.O box, if mail is not delivered to street address) Room/suite E	E Telephone number				
_	Initial retur		60 Watchung AVE		973-507-9448	,		
_	Final returi Amended i	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group f	Exemption			
=	Application		Chatham, NJ 07928-2752	Numbe	•	0945		
_		ting Method:	✓ Cash Accrual Other (specify) ► H Ch	eck ▶	If the organi	zation is not		
	Vebsite	•			attach Schedu			
JΤ	ax-exem			•	, 990-EZ, or 990			
			☐ Corporation ☐ Trust ☑ Association ☐ Other		·			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	¢			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in:	structio	ons for Part	<u> </u>		
_	ar t r		the organization used Schedule O to respond to any question in this Part I.			•		
	1		ons, gifts, grants, and similar amounts received		<u></u> 1	50,653		
	2		ervice revenue including government fees and contracts	· —	2	3,500		
	3	_	ip dues and assessments	<u> </u>	3	74,906		
	4	Investment	•	· —	4	74,300		
	1 _			ં ₀⊢-	•			
	5a		ount from sale of assets other than inventory	_				
	b		·	<u> </u>		•		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. -3	ic			
	6	_	d fundraising events		- {			
0	a		ome from gaming (attach Schedule G if greater than	اء				
Ĕ	١.				1			
Revenue	b		me from fundraising events (not including \$ [] of-contributions					
ď			aising events reported on line 1) (attach Schedule G: if the					
			th gross income and contributions exceeds \$15,000) 66 ()	0				
	C		t expenses from gaming and fundraising events 1 6 201 6cc	_0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr					
	l _	•	C. Distriction	· <u>6</u>	id	0		
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		/c	0		
	8		nue (describe in Schedule O)		8	14		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	129,073		
	10		I similar amounts paid (list in Schedule O)		10	61,781		
	11	Benefits pa	aid to or for members		1	0		
es	12		ther compensation, and employee benefits		12	0		
7 Expense	13	Profession	al fees and other payments to independent contractors	. [1	13	0		
چے	14		y, rent, utilities, and maintenance		14	0		
<u>-</u> @	15		ublications, postage, and shipping		15	495		
	16	Other expe	enses (describe in Schedule O)	. 1	16	43,708		
ဇ	17	Total expe	enses. Add lines 10 through 16	<u>▶</u> 1	17	105,984		
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 1	18	23,089		
掩	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w					
AS.		end-of-yea	r figure reported on prior year's return)	. 1	19	102,570		
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 2	20	-29		
	21		or fund balances at end of year. Combine lines 18 through 20		21	125,630		
	Papen		ion Act Notice, see the separate instructions. Cat No. 10642		Form 99	0-EZ (2015		



_	990-EZ (2	· · · · · · · · · · · · · · · · · · ·						Page
Pa	rt II	Balance Sheets (see the instructions						•
		Check if the organization used Schedule	O to respond to a	ny question in this				<u>. </u>
					(A) Beginning of y	/ear		(B) End of year
22		n, savings, and investments			102	,570	22	125,630
23		l and buildings		[23	
24		er assets (describe in Schedule O)					24	
25		l assets		[102	,570	-	125,630
26		-, -					26	
27		assets or fund balances (line 27 of column				,570	27	125,630
Par	t III	Statement of Program Service Accom	•		,	_		_
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III	~	/Baa	Expenses uired for section
Wha	t is the	organization's primary exempt purpose?						c)(3) and 501(c)(4)
as m	neasure ons ber	e organization's program service accompl d by expenses. In a clear and concise n nefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	orogram serviced, the number	es, of	orga othe	nizations, optional forms)
28		OMP Division sponsored scientific symposia		-				
		bstracts and 10 days of symposia to serve th	e 1,300+ members of	the COMP Division	•••			
		onsorship of ACS regional meetings.						
	(Grants		includes foreign gra				28a	38,907
29		g Awards -The COMP Division awarded ten g				<u>g</u>		
		faculty awards and ten undergraduate poster	awards, and an emer	ging technology awa	ard		1	
		both Spring and Fall National Meetings.						
	(Grants		includes foreign gra		▶		29a	21,800
30		OMP Division sponsored a poster session at t ers an opportunity to share their work and rev						
31	(Grants	s\$) If this amount program services (describe in Schedule O)	includes foreign gra	ints, check here .	▶		30a	10,782
	(Grants	- · ·	includes foreign gra	ints check here		\neg	31a	20,200
32	Total p	program service expenses (add lines 28a	through 31a)			_ _	32	91,689
Par		List of Officers, Directors, Trustees, and Ke				the i		
		Check if the organization used Schedule					101100	
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health ben contributions to er benefit plans,	nploy and	()	Estimated amount o
Dr. A	drian R	oitberg, University of Florida	Chair (2.2 her huk)					
2462	NW 15	th PL, Gainsville, FL 32605	Chair (2-3 hrs/wk)	0			0	(
Dr. E	dward 9	Sherer, Merck Research Laboratories	hair Flort (2.2 her hu					
P.O.	Box 200	00 ; RY50SW-100 ; Rahway, NJ 07065	hair-Elect (2-3 hrs/w				0	(
Dr. V	eerabal	hu Shanmugasundaram, Pfizer	Compleme (2.2 how hole					
300 I	Eastern	Point RD; Groton, CT 06340	Secretary (2-3 hrs/wk	d			0	(
Dr. C	hris Ha	rwell	Company (2. 3 how hole					
60 W	atchun	g AVE ; Chatham, NJ 07928	reasurer (2-3 hrs/wk	d			0	(
							\dagger	
			-			_		

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for tark v) oneck if the organization used schedule of to respond to any question in this	rait	Yes	No
33 `	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	.00	, to
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	$\vdash \vdash \vdash$	~
39	Section 501(c)(7) organizations. Enter:	1	-	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			ľ
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			**
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► New J ersey			
42a	J	973-50		
h	Located at ► 60 Watchung AVE; Chatham, NJ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	07928	3-2752	
U	a financial account, or other financial account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	···		Ť
	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		V

46	Did t	he organization engage, dırectly or ır	ndirectly, in political c	ampaign activities	on behalf c	of or in opposi	tion 🎇	Yes	No
		ndidates for public office? If "Yes," o		, Part I	· · · <u>·</u>	<u> </u>	. 46		~
Part	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47-49b an	d 52, and	complete th	e tables	for lin	nes
		Check if the organization used Sc	hedule O to respond	I to any question in	n this Part	VI			. 🗆
47		he organization engage in lobbying		• •		ect during the	tax	Yes	No
40	-	If "Yes," complete Schedule C, Par		20 15 427 - 11 1 - 1			. 47		V
48 49a b 50	Did ti	e organization a school as described in the organization make any transfers t es," was the related organization a se plete this table for the organization's oyees) who each received more thar	o an exempt non-cha ection 527 organizations five highest compens	intable related orga on?	nization? other than	officers, direct	. 48 . 49 . 49 tors, trust	a tees ar	nd key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits, ions to employee ans, and deferred npensation	(e) Estima other co	ted amo	ount of
None									-
						-			
							ı		
									_
					.				_
f	Total	number of other employees paid ov	er \$100.000						
51		plete this table for the organization		ensated independe	nt contrac	 tors who each	receive	d more	o than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."	nic oominao	tora who cuo	1 10001101		o than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) Compensa	ition	
		·		.,,,			,		
None				-					
						-			
			. <u>-</u> ·						
		·		1					
d	Total	number of other independent contra	actors each receiving	over \$100.000	. •				-
52		the organization complete Schedu	•	•	ganizations	must attacl	n a		
		slated Cabadula A			_		. ▶ ✓ Ye	s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	return, including accompan	ying schedules and state	ements, and to	the best of my ki	nowledge ar	nd belief	f, it is
uue, cor	Tect, an	d complete declaration of preparer tottler than	Tollicer) is based on all line	Prepare	T	owledge	2011		
Sign		Sumature of officer				Date/	2016		
Here		▲ Chris R. Harwell, Treasurer 2009-2	2011,2012-2015			- 3.04			
		Type or print name and title				·			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prepa	arer				 ,	self-emplo	yed		
Use (Firm's name				Firm's EIN ▶	_		
May th	ne IRS	Firm's address ▶ discuss this return with the prepare	r shown above? See i	nstructions		Phone no	▶ □ Va		No

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

2015

Open to Public Inspection

ACS	Division of Computers in Chemistry					23-727	77677
_	Reason for Public Chari	ity Status (All	organizations must	complet	te this p	art.) See instructio	ns.
he d	organization is not a private foundat	ion because it is	s: (For lines 1 through	11, chec	k only or	ne box.)	
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section 1		= = = = = = = = = = = = = = = = = = = =			* *	
3	A hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1)(A)(iii).	
4	A medical research organization	•	onjunction with a hosp	otal desci	rıbed in s	ection 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned oi	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally r described in section 170(b)(1)(port from	a goveri	nmental unit or from	the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	An organization that normally r	eceives: (1) mo	re than 331/3% of its	support f	rom con	tributions, members	hip fees, and gross
	receipts from activities related	to its exempt	functions-subject to	certain o	exception	ns, and (2) no more	than 331/3% of its
	support from gross investmer acquired by the organization af				•		x) from businesses
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See secti	ion 509(a)(4).	
11	☐ An organization organized and o	perated exclusi	vely for the benefit of,	to perforr	n the fun	ctions of, or to carry	out the purposes of
	one or more publicly supported	organizations de	escribed in section 50	09(a)(1) oi	section	509(a)(2). See secti	on 509(a)(3). Check
	the box in lines 11a through 11d	that describes t	the type of supporting	organizat	ion and c	complete lines 11e, 1	1f, and 11g.
а	_ ,,	•		_			
	the supported organization(s) organization. You must comp			ct a majo	rity of the	e directors or trustee	es of the supporting
b	☐ Type II. A supporting organize	ation supervised	d or controlled in conr	nection w	ith its su	pported organization	n(s), by having
	control or management of the			e same p	ersons th	nat control or manag	je the supported
	organization(s). You must co	mplete Part IV,	Sections A and C.				
C							y integrated with,
	its supported organization(s)	•	•				
C	 , , ,						
	that is not functionally integra			-		•	an attentiveness
	requirement (see instructions)						
e							I, Type III
	functionally integrated, or Typ		onally integrated supp	orting ort	ganizatio	n.	
f		•					
							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed in you		(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur	ment?	instructions)	instructions)
				Yes	No		
A)							
D\							
B) 							
C)							
D)							
E)					<u>.</u>		

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	<u>/i) · </u>
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
<u></u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support		г				
	ndar 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.")						
2	Tax revenues levied for the					_	
	organization's benefit and either paid to or expended on its behalf			t 			
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			ļ			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a					1	
	governmental unit or publicly]				
	supported organization) included on					ļ	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		İ			}	
6	Public support. Subtract line 5 from line 4.		<u> </u>				
	on B. Total Support	L	<u> </u>				<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		3.,	(-,	(-,	(0) _ 0 / 0	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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						1
	(Explain in Part VI.)	Í					
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	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
0	organization, check this box and stop he	<u>re</u>	<u> </u>	<u> </u>	<u> </u>	_ 	> 🗀
	on C. Computation of Public Suppor			4 1 (6)		l aa T	
14 15	Public support percentage for 2015 (line 6) Public support percentage from 2014 Sch					15	<u> </u>
16a	331/3% support test—2015. If the organization						%
	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ						
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	anızation .		🕨 🖂
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here.	Explain in
	Part VI how the organization meets the "f						
	organization						- 🗀
b	10%-facts-and-circumstances test—20)14. If the orga	anization did n	ot check a box	on line 13, 16	ia, 16b, or 17a	i, and line
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m	.ion meets the "teets the "feets	e racts-and-ci	rcumstances"	test, check th	ns dox and st	op nere.
	supported organization						
18	Private foundation. If the organization di						
	instructions						

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

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

` `	if the organization falls to qualify	under the tes	is iisted beio	w, please co	mpiete Part i	<u> </u>	
	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Calen	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	1		į			
_	received. (Do not include any "unusual grants.")	147,079	142,683	125,859	158,807	125,559	699,987
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	3,572	3,540	3512	0	3,514	14,137
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	o	o	0	0
4	Tax revenues levied for the 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	150,651	146,222	129,371	158,807	129,073	714,124
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	62,215	44,686	56.535	52,655,00	47,360	263,451
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	62,215	44,686	56,535	52,655.00	47,360	263,451
8	Public support. (Subtract line 7c from line 6.)				<u></u> j		450,674
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	150,651	146,222	129,371	158,807	129,073	714,124
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,970	14,306	3,002	0	0	20,278
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	2,970	14,306	3,002	0	0	20,278
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	o	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	o	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	153,621	160,528	132,374	158,807	129,073	734,402
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization			-		501(c)(3)
Secti	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · · 	
15	Public support percentage for 2015 (line 8			3, column (f))		15	61 %
16	Public support percentage from 2014 Sch					16	57 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (y line 13, colun	nn (f))	17	3 %
18	Investment income percentage from 2014					18	8 %
19a	331/3% support tests-2015. If the organi	ization did not	check the box	on line 14, an	id line 15 is m		6, and line
	17 is not more than 331/3%, check this box						
b	331/a% support tests—2014. If the organiz line 18 is not more than 331/a%, check this b	ation did not ch	neck a box on	lıne 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		_		_		_

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.)

			Yes	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		
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.	46		
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	- OG		-
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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			

benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

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).

by one or more of its supported organizations, or (iii) other supporting organizations that also support or

- B 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).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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**.
- 10a 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.
 - 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.)

6

7

8

9a

9b

9с

10a

10b

Part	Supporting Organizations (continued)			
			Yes	No
11、	Has the organization accepted a gift or contribution from any of the following persons?			
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		
	A family member of a person described in (a) above?	11b		
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		L
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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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			أحسا
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	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		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 in	nstru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons)
^	•	1		· · ·
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.			
L	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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.			لــــا
_	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u> -		لــــا
_	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the cont	tru:	st on Nov. 20, 1970. See ete Sections A through E.	instructions. All
Section A - Adjusted Net Income		(A) Prior 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		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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-functionall instructions).	y-in	tegrated Type III support	ing organization (see

_	Type III Non-Functionally Integrated 509(a)(3	s) 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			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			•·· , <u> </u>
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	<u> </u>			
10	Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount			
10	Line 6 amount divided by Line 9 amount	<u> </u>	/in	/:::\
Se	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:			
<u>a</u>	1			·····
b				
C	5 0010			
	From 2013			
e f	From 2014			
<u>'</u>	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
''	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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 instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	1			
С	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015			

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.)

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

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.

Open to Public Inspection

Employer identification number

ACS Division of Computers in Chemistry	23-7277677	
990ez Part I Revenue Item 8 Other Revenue. \$14 royalties were from previous year's scientific pul	olications related to the program	
and received from Oxford University Press and the ACS.		
990ez Part I Expenses Item 10 Grants and Similar Amounts Paid		
1) Speaker travel and expense payments from funded symposia		
2) Registration at the member early registration rate for one presider per symposium.		
3) Innovative Project Grant Expenses for an initiative COMP together to organize small local events to discuss computers in chemistry.		
4) the year's sponsorships included:	·····	
a) a Graduate Student and Post Doc educational event at National Mtgs. b) COMP related segments at regional meetings: GRC		
5) Awards		
The Awards given include: thirteen undergraduate poster awards totalling \$1300, an emerging techno	logy award of \$1000	
Chemical Computing Group (CCG) Excellence Awd. 10 awards totalling \$11,500		
) unior Faculty Excellence Awards - 8 awards totalling \$8,000.		
Explanation of how the organization determines which individuals receive grants: The ACS Division o	f Computers in Chemistry (COMP)	
currently administers the Chemical Computing Group (CCG) Excellence Award, which is given to up to ten graduate students per year in the		
field of Computational Chemistry on the basis of three criteria: 1) The students must be presenting a	······································	
COMP program at an ACS National meeting, 2) the merit of the work to be presented must be very high		
by the ACS COMP Division Executive Committee, and 3) a letter of recommendation by their thesis ad prioritized according to the selection criteria, and up to ten awards may be made each year. The Division		
Excellence Awards. The eight J unior Faculty Awardees (four per meeting) are awarded on the basis of		
junior faculty with excellent emerging research programs as determined by a panel of judges selected		
the ACS Division of Computers in Chemistry.		
The ACS Computers in Chemistry Division does not discriminate on the basis of race, religion, sex, physical disability or sexual orientation.		

Name of the organization	Employer identification number	
ACS Division of Computers in Chemistry	23-7277677	
990ez part I line 16 Other Expenses.		
The expenses listed include program related expenses for the two annual National American Chemical Society Meetings,		
and the annual Computers in Chemistry Division planning retreat: 1) a Computers in Chemistry Division		
poster session is held at both national meetings 2) leadership training with the American Chemical Society 3) the travel,		
lodging and meal expense reimbursements for the Computers in Chemistry Division members serving the voting role of		
Councilor at the American Chemical Society meetings and 4) office supplies and operations.		
On 990EZ Part I line 20 shows as an other change in net assets or fund balances. This includes a 2015 relmbursement check for \$1074		
cached in 2016 and \$29 in the Vanguard investment account balance (unrealized).		
Part III line 28. see explanation above (items 1,2,3,4) for Part I Expenses Item 10		
Part III line 29. see explanation above (item 5 Awards) for Part I Expenses Item 10		
Part III line 30. see explanation above (Item 5 Awards) for Part I Expenses Item 10		
Part III line 31. other expenses include Spring and Fall National American Chemical Society meetings planning and social events, e.g. poster		
session and the annual planning retreat.		
·····		
	·	