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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

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

Δ.	_	or the	2016 cal	endar year, or tax year	beginning		-			and e	ndina					
- <u>-</u>			applicable	C Name of organization	American Che	minal Co	Clarette Cl	010000 C		arie e	itanig	D Employe	r ident	ification	number	
ᅮ	٦.		• •	Doing business as	American Che	inical Sc	ciety, Ci	ilicago S	ECTION							
느	_] vc	oress	change	Number and street (or P	O box if mail is no	t delivered	d to street	address)	Room/s	uite		36-228752	2			
	Na	ame ch	ange	1400 Renaissance D		COCHIVOTO	3 10 311001	444.000,	312			E Telephon		ber		
	ر ا	itial retu	ırn	City or town	140		State		ZIP cod							
<u> </u>	J ""	illai rell	,	Park Ridge			JL.	•	60068			(847) 391-	9091			
L	Fin	al retum	/terminated	Foreign country name	Foreign	province/s	state/coun	ity	Foreign		code					
	Ar	nendec	return									G Gross red	eipts \$	5	19	96,313
Ξ	-		,	F Name and address of pr	enceral officer											
_] At	oplication	on pending	i								is a group return			Yes	X No
				Mary Jo Boldingh 24	14 E_Northwoo	d Ct , A	<u>rlington</u>	Height	s, IL 60	0004	H(b) Are	e all subordina	tes ınçl	uded?	Yes_	No
1	Ta	x-exem	pt status	X 501(c)(3) 501(c) () <	(insert no	o) 🗀 ·	4947(a)(1) or	527	lf "	'No," attach a l	ıst (se	e instructi	ons)	
ΞJ	W	ebsite	: > chic	agoacs org			· -				H(c) Gre	oup exemption	numbe	er ▶ 094	15	
`_			rganization		rust Associa	ition	Other ▶	<u> </u>		L Yea	r of form				egal domicile	IL.
` —	_	ırt l		mmary								1920				
	ц ¢	1		escribe the organizati	on's mission of	most s	ignificat	nt activit	ies	The	mission	of the Chi	cado	Section	of the	
غِ رَجُ	<u>.</u>	•		to encourage the adva									oago.	000000	.91.419	
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·	Governance	_							· ·						• • • • • • • • • • • • • • • • • • • •	
1 8	Š (2		his box ▶ if the o	_				s or dis	pose	d of mo	ore than 25%		ts net a	ssets	
	וב	3		of voting members of							•		3	-		35
و الم	2	4		of independent voting							•		4	 		35
Ò:	ĕ	5		mber of individuals er	• •	•	ar 2016	(Part V	', line 2a	a)			5	 - -		1
であるのの		6		mber of volunteers (e				•		•			6	 		200
<	ž	7a		related business reve					2.			٠	7a			0
	4	<u>b</u>	Net unre	elated business taxabl	e income from	Form 9	<u>90-T, lın</u>	ne 34				<u>. </u>	7b	├		0
	-		_									Prior Year		+	Current Year	
9	e	8	Contribu	utions and grants (Par	t VIII, line 1h)				•				9,624			95,327
	Kevenue	9	Program	n service revenue (Par	t VIII, line 2g)	KEC	EIVI	ED.	- ·	•			3,480			8,790
3	∮ [€	10	invesim	ent income (Part VIII,	COIUMN (A), IIN	es 3, 4,	ano=+o)	The same of	וכי				2,980			53,193
٠	_ [11	Other re	evenue (Part VIII, colu enue—add lines 8 throu	nn (A), lings 5	\6d\8c	,9c, 10c	and 1	(fe)				<u>8,951</u>	+		14,322
	_	12											5,035			71,632
	ı	13		and similar amounts p					ğΪ			<u>1</u>	9,600	<u> </u>		13,500
	- 1	14 Benefits paid to or for members (Part X, column (A) line 4											Ή——		0	
5	g l	15	Salaries,	other compensation, er	nployee benefits	(Part IX	Column	r(A),Jine	s[5–10)			3	8,086	<u> </u>		38,843
Š	Expenses	16a	Professi	ional fundraising fees	(Part IX, colum	n (A), lu	ne 11e)	•)		0
Ş	اق	b	Total fur	ndraising expenses (P	art IX, column	(D), line	25) ▶		1	1,863	63[
Ú	<u> </u>	17	Other ex	xpenses (Part IX, colu	mn (A), lines 1	1a-11d,	, 11f-24	le)				9	4,968	3	1(01,325
	J	18	Total ex	penses Add lines 13-	-17 (must equa	l Part I)	K, colum	nn (A), li	ne 25)			15	2,654	<u> </u>	1	53,668
		19	Revenu	e less expenses Subt	ract line 18 fro	m <u>line</u> 1	2						2,381			17,964
þ	8	_									Beginn	ing of Curren	t Year		End of Year	
sets	Fund Balances	20	Total as	sets (Part X, line 16) .	•							1,22	6,959		1,30	08,740
Ą	9	21	Total lia	bilities (Part X, line 26)							4	9,776	3		49,797
Ž	5	22	Net ass	ets or fund balances	Subtract line 2	from li	ne 20				-	1,17	7,183	3	1,29	58,943
P	ar	t II	Sig	nature Block												
				y, I declare that I have exam												
an	d De	eliet, it i	is true, corre	ect, and complete Declaration	on of preparer (other	than offi	cer) is bas	sed on all	informatio	on of w	nich prep	arer has any k	nowled	ige		
S	igi	1		Allen	K XIR	<u>~()</u>										
Н	er	e	(Signature of officer	1 50/1	6	10	-	10-0			Date	.5	[///	17	
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D	aic		J	VType preparer's name		Preparer	s signatur	"			Dat	"/ / l	Check	∇		
			_ La	ırry D. Rabin	L	RA	70	. fol			15/			ployed	P01283	210
	-	parer	I	s name ►Larry	D. Rabin	CPA						Firm's EIN	,			
U	se	Only	, ,	's address ► 7602 (// -	ton	Grove	e, II	r. 6	0053	Phone no				
_											0000	Luove vo		г		
М	ay	the IF	KS discus	ss this return with the	preparer show	above	? (see ıı	nstructio	ons)		<u> </u>	•		<u>.</u>	X Yes	No
	or F	aperv	vork Redi	uction Act Notice, see t	he separate ins	truction	s.				ť	ال (m		9	Form 99 () (2016)

orm 9	90 (2016)	American Chemical Society, Chicago Section	36-2287522	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III.		. X
1	Briefly o	escribe the organization's mission		_
	The mis	sion of the Chicago Section of the ACS is to encourage the advancement of chemical		
	science	s and their practitioners.		
2		organization undertake any significant program services during the year which were not listed on		
	•	Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	\Box .	г у л
	services		Yes	X No
4		describe these changes on Schedule O		h
4		e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
		expenses, and revenue, if any, for each program service reported	inocations to our	GI 5,
		expenses, and revende, if any, for each program convice reported		
4a	(Code) (Expenses \$ 23,009 including grants of \$ 13,500) (Revenue	e \$ 35	5,536)
	The Ord	anization sponsers an annual examination in chemistry. The examination is open to all high		
	school s	tudents Six scholarships and five teacher awards were awarded to students and their		
	respect	ve teachers		

			· • • • • • • • • • • • • • • • • • • •	
4b	(Code:) (Expenses \$ 5,125 including grants of \$) (Revenue	\$ 8	3,790)
	The Ch	emical Bulletin is an official publication of the Organization It is provided without		
	charge	o approximately 4,600 members and other interested parties online through the		
		ation's website. It provides information regarding monthly educational programs, topical		
	groups,	meetings and activities to those with an interest in the field of chemistry		
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			,	
		•••••		
			<u>-</u>	
4c	(Code:) (Expenses \$ 17,044 including grants of \$ 10,000) (Revenue	\$\$1 1	,252.)
		SEED, the American Chemical Society's social action program that places economically		
		ntaged high school students in academic, industrial, and governmental research laboratories		
	ioi eigni	-to-ten weeks during the summer		
4d		ogram services. (Describe in Schedule O.)		
40	(Expens		20,727)	
4e	TOTAL DI	ogram service expenses ► 86,149		

Form 990 (2016) American Chemical Society, Chicago Section

Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		х
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		х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		Х
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	SLEW CO.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u> </u>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 1	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		I	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		Х
			^^^	

Form 9	990 (2016) American Chemical Society, Chicago Section	3	6-2287522	F	age 4
Par	rt IV Checklist of Required Schedules (continued)				
				Yes	No
20a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	•	. 20a		X
b	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return		20b		N/I
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization	tion or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	ıals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
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 compensa-	ated			
	employees? If "Yes," complete Schedule J		23		X
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more tha	ın			
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception	?.	24b		N/P
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	e year			N/A
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	?	. 24d		N/I
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc	ess benefit	İ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .		25a	<u> </u>	X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person i	n a			į
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 99	30 or			
	990-EZ? If "Yes," complete Schedule L, Part I		. 25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee		Ì		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	lled			ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedul	le L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ļ		ļ
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete)			[
	Schedule L, Part IV		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member	,	İ		}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete School		. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif	ied			
	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sche	dule N,			,
•	Part I		. 31		X
32) <u>,</u>
	If "Yes," complete Schedule N, Part II		. 32		X
33		julations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		. 33		X
34		rt II,			
05-	III, or IV, and Part V, line 1		34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		. 35a	<u> </u>	X
a	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	a controlled			N/A
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	Lie i de la companya di seria	35b	ļ	TA / F
36	and the state of t	DIE related			
27	organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization.				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, VI.	rail]		
	of Marketing the Control of the Cont		37	1 :	X

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	JEE		age O
Par	Check if Schedule O contains a response or note to any line in this Part V		-	
	Check if Schedule O contains a response of note to any fine in this rait v			ᆜ
	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
0-	gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and fing with as within the year equand by this return			
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 1 15 at least one is consisted as less 2a did the appropriate file all required follows:		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-^-	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		$\frac{\hat{A}}{N/A}$
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		IN \ \
4a	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	44		 ^
D	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?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			11/11
Vu.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		N/A
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8_		N/A
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>N/A</u>
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12 . 10a N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] N/A			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	ı		i
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		!
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		ł	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		A\N
	Note. See the instructions for additional information the organization must report on Schedule O	İ		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ		
	the organization is licensed to issue qualified health plans	- 1	- 1	
	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X NT / A
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/A

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Soot	ion A. Governing Body and Management		<u> </u>	
Seci	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 35	;[
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	1	}	
	committee, explain in Schedule O	1	İ	1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 35	<u>i</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		الـــا
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	ļ	İ	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6	<u> </u>	├
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	\		İ
	one or more members of the governing body?	7 <u>a</u>	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
O	the year by the following	1	,	1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Ιx
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	10b	L	N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	, , , , , , , , , , , , , , , , , , ,	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	425		l
13	Did the organization have a written whistleblower policy?	12c		X
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		N/A
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		:-;-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990, and 990-T (Section 501(or 1024 if applicable)), 990-T (Section 501(or 1024 if applicable)), 990-T (Section 501(or 1024 if applicable)), 990-T (Section 501(or 1024 if applicable)), 990-T (Section 501(or 1024 if applicable)), 990-T)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website. Another's website. X Upon request. Other (explain in Schedule Office).			
19	X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		254	
13	financial statements available to the public during the tax year	pulicy	anu	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Gail Wilkening (847) 391-9091			
	1400 Renaissance Drive, Ste 312, Park Ridge, IL 60068			

	•		
Form	990	(2016)	

American Chemical Society, Chicago Section

36-2287522

Page 7

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	neck ss pe	ition more rson irect	n of state Highest compensated the state of employee	n 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) Andrea Twiss-Brooks	1 00	1								
Director	0 00	-	<u></u>	<u> </u>	_					
(2) Milt Levenberg	1 00	1 1	1							
Trustee	0.00		ļ.,				_			
(3) Russell Johnson	1 00	4								
Director & Trustee	0 00	_		-	_	-	Н			
(4) Shelby Hatch	1 00	4							li .	
Director (5) Hors Lorshamor	0 00	_	<u> </u>	-	_		_			
(5) Ilana Lemberger Director	0 00	•	ļ							
(6) Carmen Marguez	1 00	_	\vdash	-	_					
Director	0 00									
(7) Mark Kaiser	5 00		-	┝						
Trustee	0 00									
(8) Ken Fıvızzani	5.00									
Trustee & Vice Chair	0 00	1		x						
(9) Anthony Toussaint	1.00	_								
<u>Director</u>	0.00	x								
(10) Kathryn Leach	1 00									
Director	0.00	Х								
(11) Lou DeFilippi	1.00									
Director	0 00	Х								
(12) Paul Brandt	1 00									
Director	0 00									
(13) Barbara Moriarty	1.00	•								
Director	0.00		Щ	<u> </u>						
(14) Charles Cannon	1 00							11		
Director	0 00	X		L_		لـــــا				

(A) Name and title	(B) Average hours per	Position (do not check more than obox, unless person is both officer and a director/trust					n an tee)	(D) Reportable compensation	(E) Reportable compensation	_	(F) stimate nount (
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	tions compensatio		ed
(15) David Crumrine	1 00											
Director	0 00				<u> </u>					ļ		
(16) Herbert Golinkin		1 1		v]		'	!	}		
Comptroller	0 <u>00</u> 5 00	_	\vdash	Х	├	<u> </u>				├		
(17) Inessa Miller Past Chair	0 00	1 1		х			į			l		
(18) Nicole Shoshenskiy			\vdash	^	┢							
Secretary	200	1 1))	х	ĺ	\	'	'	!	1		
(19) Josh Kurutz				Ť	\vdash					 		
Past Chair	0 00	1	ĺĺ	х	l					•		
(20) Mary Jo Boldingh	5 00											
Chair	000			Χ	L					<u> </u>		
(21) Amber Arzadon		1		į	1			ļ		ļ		
Treasurer			\sqcup	Χ	<u> </u>		_					
(22) Fran Kavitz		7]]		Ì	i	'					
Chair Elect			\vdash	X	<u> </u>		_					
(23)		[1 1		ł					ļ		
(24)			\vdash	_	H		_			 		
37.7		1 .								ĺ		
(25)												
		<u> </u>	Ш						 			
1b Sub-total	•						•	0		_		0
c Total from continuation sheets to Pa	rt VII, Section A		•				>	0		_		0
d Total (add lines 1b and 1c)			_				_	0	<u>_</u>	L		0
2 Total number of individuals (including bi reportable compensation from the organ		ıstea		ove) O	wn	o rec	eiv	ed more than \$1	UU,UUU OT			
				<u> </u>							Yes	No
3 Did the organization list any former offi	cer, director, or trustee	, key	em	plo	yee	, or h	ighe	est compensate	d			
employee on line 1a? If "Yes," complete	Schedule J for such i	ndıvi	dual							3		Х
4 For any individual listed on line 1a, is th	e sum of reportable co	mpei	nsat	ion	and	d othe	er co	ompensation fro	m		. (
the organization and related organization	ns greater than \$150,0	200?	If "	Yes	, " c	omple	ete	Schedule J for s	such			ا ـــــا
ındıvıdual	•									4		<u> </u>
5 Did any person listed on line 1a receive	or accrue compensati	on fro	om a	any	unr	elate	d o	rganization or in	dıvıdual	[ا لـــــــا
for services rendered to the organization	n? If "Yes," complete S	Sched	dule	J fo	or s	uch p	ers	on		5_		X
Section B. Independent Contractors												
 Complete this table for your five highest compensation from the organization. Re year. 										n's tax		
(A)								(B)		(C		
Name and busin	iess duuress							Description of ser	vices (Comper	sation	
None												0
							-		+-			0
							-					0
				_	_		_					0
2 Total number of independent contractor		ited t	to th	ose	lıs	ted al	bov	e) who received				
more than \$100,000 of compensation fr	om the organization				_	1						

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

(C)

		Check if Schedule O contains	s a response 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
ts ts	1a	Federated campaigns	. <u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1 <u>b</u>					
s, G	С	Fundraising events .	<u>1c</u>					
Gift.	d	Related organizations	<u>1d</u>	48,497				
ns, (Government grants (contribution		0				
ıtio er S	f	, , , , , , , , , , , , , , , , , , , ,						
di di		sımılar amounts not ıncluded ab		16,723				
ont	g	Noncash contributions included in l	ines 1a-1f \$	3,165				
0 10	h	Total. Add lines 1a-1f		<u> </u>	95,327			
ne				Business Code				
ven	2a	Chemical Bulletin		511190	8,790	8,790		ļ
Se .	b	•••••			0			ļ
Ş	С				0			ļ
Ser	d				0			
ram	е				0			
Program Service Revenue	t	All other program service revenu	ne Te	<u> </u>	0 700			
	g_	Total. Add lines 2a-2f		_	8,790			
	3	Investment income (including direction other similar amounts)	viaenas, interes	i, and	E0 420	E0 400		
	4	Income from investment of tax-e	warmat band ne	ooodo -	50,429 0	50,429	_	-
	4 5	Royalties .	xempt bond pro	oceeus -	0			
	3	Noyalles .	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses .			ļ			ļ
	c	Rental income or (loss)		0				
	d	Net rental income or (loss)		<u> </u>	o			1
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	27,445	0				
	b	Less cost or other basis						
		and sales expenses	_24,681	0	l			
	С	Gain or (loss)	2,764	0				
	d	Net gain or (loss)			2,764	2,764		
Other Revenue	8a							
ver			0					l
Re		of contributions reported on line	1c)					
er	_	See Part IV, line 18.	. a	0				
E S	1	Less direct expenses	. b	0				
		Net income or (loss) from fundra	•		0			
	ya	Gross income from gaming active See Part IV, line 19.						
	ь	Less: direct expenses .	a . b	0				
		Net income or (loss) from gamin			0			
		Gross sales of inventory, less	y activities					
	104	returns and allowances	а	0				
	ь	Less cost of goods sold .	b					
		Net income or (loss) from sales			اه			l
		Miscellaneous Revenue		Business Code				t
	11a			611430	13,553	13,553		† <i></i>
	b				0		-	
	С				0			
	d	All other revenue			769	769		
	е	Total. Add lines 11a-11d .		•	14,322			
	12_	Total revenue. See instructions	<u> </u>	>	171,632	76,305	C	0

Part IX Statement of Functional Expenses

American Chemical Society, Chicago Section

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete al			t complete column (/	4).
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22 .	13,500	13,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		1		
	trustees, and key employees.	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	36,113	18,057	18,056	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	2,730	1,365	1,365	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal .	0			
C	Accounting .	1,200		1,200	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses .	3,737	1,246	1,246	1,245
14	Information technology	1,212	606	606	
15	Royalties	0			
16	Occupancy	12,370	3,712	8,040	618
17	Travel	27,712		27,712	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	27,316	21,853	5,463	
20	Interest .	0			
21	Payments to affiliates .	0			
22	Depreciation, depletion, and amortization	0	0	0_	0
23	Insurance	1,968		1,968	
24	Other expenses Itemize expenses not covered		į		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O)				
a	Printing and publications	3,007	3,007		
b	Illinois State Fair Programs	12,063	12,063		
C	Project SEED	10,000	10,000		
d	Distinguished service & 50 Yr Member awards	740	740		
e	All other expenses	0	 - - - - - - -		
<u>25</u>	Total functional expenses. Add lines 1 through 24e.	153,668	86,149	65,656	1,863
26	Joint costs. Complete this line only if the	ſ	ļ		
	organization reported in column (B) joint costs				
	from a combined educational campaign and		Ì	1	
	fundraising solicitation Check here Following SOP 98-2 (ASC 958-720)		ł	1	
	10110WIND 5UP 95-7 (ASC 958-770)	1		1	

Form 990 (2016)

American Chemical Society, Chicago Section

Part X

Balance Sheet

	Check if Schedule O contains a response of	or note to any line in this Part	x		[]
			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing .		31,810	1	20,689
2	Savings and temporary cash investments		244,105	2	88,441
3	Pledges and grants receivable, net	. 1	0	3	0
4	Accounts receivable, net		978	4	978
5	Loans and other receivables from current and				
	trustees, key employees, and highest compen-			<u>-</u>	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary e	and contributing employers and		5	
တ္က	organizations (see instructions) Complete Part II of Scho		6		
Assets	Notes and loans receivable, net		0	7	0
8 As	Inventories for sale or use		17,059	8	8,028
9	Prepaid expenses and deferred charges	ľ	998	9	998
10a	Land, buildings, and equipment, cost or		990	3_	990
	other basis Complete Part VI of Schedule D	10a 0			
	Less accumulated depreciation	10b 0	0		0
11	Investments—publicly traded securities .	·	932,009	11	1,189,606
12	Investments—other securities See Part IV, lin		0	12	0
13	Investments—program-related See Part IV, III	0	13	0	
14	Intangible assets	0	14	0	
15	Other assets See Part IV, line 11		1 200 050	15	1 200 710
16	Total assets. Add lines 1 through 15 (must eq	juai line 34)	1,226,959	16	1,308,740
17	Accounts payable and accrued expenses	İ	3,159	17	3,280
18	Grants payable	46,617	18	46,517	
19	Deferred revenue		19		
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability Complete			21	
Liabilities	Loans and other payables to current and forme				
\rightarrow	trustees, key employees, highest compensate		····		
ia	disqualified persons Complete Part II of Sche			22	
- 23	Secured mortgages and notes payable to unre	-	0	23	0
24	Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p	-	0	24	0
25	parties, and other liabilities not included on line	-			
	Part X of Schedule D	es 17-24) Complete	0	25	0
26	Total liabilities. Add lines 17 through 25		49,776		49,797
-		50) - 1			40,707
ses	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33				
<u>E</u> 27	Unrestricted net assets			27	
<u>rg</u> 28	Temporarily restricted net assets .			28	
멸 29	Permanently restricted net assets			29	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check here $ ightharpoonup ightarrow igh$			
\$ 30	Capital stock or trust principal, or current funds	,	205,343	30	229 257
9 30 9 31	Paid-in or capital surplus, or land, building, or			31	228,257
¥ 32	Retained earnings, endowment, accumulated		971,840		1,030,686
N 33		· · · · · · · · ·	1,177,183		1,258,943
34	Total liabilities and net assets/fund_balances .		1,226,959	_	1,308,740

Form 9	990 (2016) American Chemical Society, Chicago Section	36-2	287522	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		171	1,632
2	Total expenses (must equal Part IX, column (A), line 25)	2		153	3,668
3	Revenue less expenses Subtract line 2 from line 1	3		17	7,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>1,177</u>	7 <u>,183</u>
5	Net unrealized gains (losses) on investments	5		63	3,7 <u>96</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		1,258	<u>3,943 </u>
Part	•				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		•	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		.		
	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?	•	2a		X
	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		X
	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		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of	\ \ \		
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		N/A
	If the organization changed either its oversight process or selection process during the tax year, explain i			-	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ļ'
	the Single Audit Act and OMB Circular A-133?		3a		X
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		. 3b		N/A
				990	(2016)

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.

Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

		n Chemical Society, Chicago S		·				8/522
Pai		Reason for Public Char						
The	org	anization is not a private founda	ition because it is: (For lines 1 through 12	t, check o	nly one be	ox)	
1	\perp	A church, convention of church	hes, or association	of churches described	in secti	on 170(b)	(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). (A	kttach Schedule E (Fo	rm 990 or	990-EZ))	
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local govern	nment or governme	ental unit described in	section '	170(b)(1)((A)(v).	
7	L	An organization that normally in described in section 170(b)(1)	receives a substant)(A)(vi). (Complete	ial part of its support f Part II)	rom a gov	ernmenta/	al unit or from the ge	neral public
8		A community trust described in	section 170(b)(1	(A)(vi) . (Complete Pa	ırt II)			
9		An agricultural research organ or university or a non-land-gra						
10	X	university. X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)						
11		An organization organized and	d operated exclusive	ely to test for public sa	fety See	section	509(a)(4).	
12	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
a b	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. 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		Type III functionally integring its supported organization(s	rated. A supporting	organization operated	d in conne	ection with	n, and functionally in	tegrated with,
d								organization(s)
	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		Check this box if the organia	zation received a w	ritten determination fro	om the IR	S that it is		ype III
_		functionally integrated, or T		ally integrated suppor	tıng orgar	ization		
f		Enter the number of supported		. :				0
g	_	Provide the following information Name of supported organization	on about the suppor	ted organization(s) (iii) Type of organization	(ng) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	name or supported organization	(11) E114	(described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	1 ' '	other support (see instructions)
					Yes	No	İ	
(A)								
								·
(B) ——								
(C)								
(D)								
(E)								
Tota	_		د استاد استاد سیاد کا					

Schedule A (Form 990 or 990-EZ) 2016 American Chemical Society, Chicago Section 36-2287522 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support

Jec	tion A. Fubile Support							
Cale	ndar year (or fiscal year beginning in)	►L	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2%		0	0	0	0	0	0
6	of the amount shown on line 11, column (f) Public support. Subtract line 5 from line	_ -						0
	tion B. Total Support	- 1						<u>_</u>
		ightharpoonup	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 4	` -	0		0	0	0	0
	Gross income from interest, dividends,	<u> </u>						
	payments received on securities loans,	1						
	rents, royalties and income from similar sources					: 		. 0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	l						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							0
11	Total support. Add lines 7 through 10							0
12	Gross receipts from related activities, etc	(see	instructions)				12	
	First five years. If the Form 990 is for the organization, check this box and stop her	'e		 ,	n, or fifth tax year a	s a section 501(c)	(3)	>
	tion C. Computation of Public S							
	Public support percentage for 2016 (line 6				(f))	•	14	0 00%
	Public support percentage from 2015 Sch						15	0 00%
16a	33 1/3% support test—2016. If the organ and stop here. The organization qualifies				, and line 14 is 33 ^r	1/3% or more,		▶ □
b	33 1/3% support test—2015. If the organ box and stop here. The organization qual				-	s 33 1/3% or more	, check this	▶ □
17a	10%-facts-and-circumstances test—20 is 10% or more, and if the organization me Part VI how the organization meets the "fa organization	eets t	he "facts-and-cı	rcumstances" test,	check this box and	stop here. Expla	in in	▶[
b	10%-facts-and-circumstances test—20' 15 is 10% or more, and if the organization Part VI how the organization meets the "fa supported organization	mee	ts the "facts-and	d-circumstances" te	est, check this box	and stop here . E		▶ □
18	Private foundation. If the organization disinstructions	d not	check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ □

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	80,969	87,433	88,703	89,624	95,327	442,056
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					1	
	furnished in any activity that is related to the					ļ	
	organization's tax-exempt purpose	33,613	29,553	25,970	22,431	23,112	134,679
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						. 0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	114,582	116,986	114,673	112,055	118,439	576,735
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)				;		576,735
Sec	ction B. Total Support	_		,, , , , , , , , , , , , , , , , , , , ,	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	114,582	116,986	114,673	112,055	118,439	576,735
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	52,821	51,461	57,656	61,593	50,429	273,960
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	52,821	51,461	57,656	61,593	50,429	273,960
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or		İ				
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	167,403	168,447	172,329	173,648		850,695
14	First five years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here				·		▶_
Sec	ction C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (1	n)		15	67 80%
16	Public support percentage from 2015 Schedu	ile A, Part III, line 1	5	<u> </u>		16	67.12%
Sec	ction D. Computation of Investment	Income Perce	entage	-			
17	Investment income percentage for 2016 (line	10c, column (f) div	rided by line 13, co	olumn (f)) .		17	32 20%
18	Investment income percentage from 2015 Sc	hedule A, Part III, I	ine 17		. 1	18	32.88%
19a	33 1/3% support tests—2016. If the organization					and line 17 is	
	not more than 33 1/3%, check this box and si						▶ X
þ	33 1/3% support tests—2015. If the organization						
	line 18 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a publ	icly supported org	anızatıon	▶
20	Private foundation If the organization did no		no 44 40n n= 40t			_	

Page 4

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	<u>rt V</u>		
Sect	ion A. All Supporting Organizations			
			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	ļ.	l	Į .
	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	<u> </u>		\vdash
-	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	<u> </u>	
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	 	_
Ja	(b) and (c) below	3a	 	
_		Ja.	├	_
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		}	ł
	organization made the determination.	<u>3b</u>	 	├
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	<u> </u>	 	ļ
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ļ .	<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>	 	!
	"Yes," and if you checked 12a or 12b ın Part I, answer (b) and (c) below	4a	<u> </u>	
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
	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	.	}	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		L	
	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	į .	ł	1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		ŀ	l
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	ľ	ł	
	was accomplished (such as by amendment to the organizing document)	5a		i
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b	 	
С	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	30	}	
0		l		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited	Ì)	
	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.	6_	-	
′	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	<u>-</u>	 	ļ
_	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 79	<u>-</u>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	_	ــــ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	ļ		
	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	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>	 	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		L
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.	9с		
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	1		1
	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.)

Schedule A (Form 990 or 990-EZ) 2016 American Chemical Society, Chicago Section 36-2287522 Page 5 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? A family member of a person described in (a) above? 11b 11c 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. Section B. Type I Supporting Organizations Yes No 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 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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 Section C. Type II Supporting Organizations Yes No 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) Section 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 2 the organization maintained a close and continuous working relationship with the supported organization(s) 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test Answer (a) and (b) below. Yes No 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 2a 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 2b activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below. 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

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 Or	rgan	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	ust on Nov 20, 1970 (expl	aın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	anıza	tions must complete Secti	ons A through E
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	0	. 0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	0
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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	illy ir	ntegrated Type III supporting	ig organization (see
instructions)			

I alt	Type in Non-Functionally integrated 509(a)(3)	Supporting Organiza	itions (continuea)			
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	ızatıons			
4	Amounts paid to acquire exempt-use assets		· -			
5	Qualified set-aside amounts (prior IRS approval required)					
6						
7	Total annual distributions. Add lines 1 through 6.			0		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2016 from Section C, line 6	, , 		0		
10	Line 8 amount divided by Line 9 amount			0 000		
			(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable		
	<u> </u>	Excess Distributions	Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6			0		
	Underdistributions, if any, for years prior to 2016		-			
2	(reasonable cause required—explain in Part VI) See					
	instructions.					
3	Excess distributions carryover, if any, to 2016					
а						
b						
С	From 2013 . 0					
d	From 2014 0					
e	From 2015 . 0					
f	Total of lines 3a through e	0				
	Applied to underdistributions of prior years		0			
	Applied to 2016 distributable amount			0		
i	Carryover from 2011 not applied (see instructions)					
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0				
4	Distributions for 2016 from					
	Section D, line 7 \$ 0					
a	Applied to underdistributions of prior years		0			
	Applied to 2016 distributable amount			0		
C	Remainder Subtract lines 4a and 4b from 4	0				
5	Remaining underdistributions for years prior to 2016, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions		0			
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions			0		
7	Excess distributions carryover to 2017. Add lines 3					
	and 4c	ol				
8	Breakdown of line 7					
a						
	Excess from 2013 . 0					
	Excess from 2014 . 0					
	Excess from 2015 0					
	Excess from 2016 0					

Schedule A (orm 990 or 990-EZ) 2016 Americ	can Chemical Society, Chicago Section	36-2287522Page 8
Part VI	Supplemental Information.	Provide the explanations required by Part II, line	
		, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a	
		ction C, line 1, Part IV, Section D, lines 2 and 3, I	
	3a, and 3b, Part V, line 1, Pa	art V, Section B, line 1e; Part V, Section D, lines	5, 6, and 8, and Part V, Section E,
		ete this part for any additional information (See	
-			
		••	
	••••••	•	
	••••••	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE (Form 990) Department of the Treasury

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.

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	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990
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22016	Open to Public	Inspection

Employer identification number

OMB No 1545-0047

X Yes No 36-2287522 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? American Chemical Society, Chicago Section Internal Revenue Service Name of the organization Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

990, Part IV, line 2	1, for any recipi	ent that received	more than \$5,000. F	Part II can be duplica	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ce is needed.	
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(3)							
(2)	-						
(3)							
(4)							
(5)							
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2 Enter total number of section 501(c)(3) and government organizations. State total number of other organizations listed in the line 1 table.	organizations list	government organized in the line 1 table	inizations listed in the line 1 table.	e 1 table			0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. _{HTA}

Schedule I (Form 990) (2016)

(f) Description of noncash 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) (d) Amount of noncash assistance 500 10,000 13,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Teacher Awards Project SEED Scholarships Part III Part IV

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 2016

Open to Public

Department of the Treasury Name of the organization

► Attach to Form 990 or 990-EZ. Internal Revenue Service

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

Inspection

Employer identification number

American Chemical Society, Chicago Section	36-2287522
Form 990, Part III, Line4d: Illinois State Fair Program Expens	ses: 20,560 Revenues: 13,844
The Organization sponsors a booth at the Illinois State Fair with other Illinois Sec	tions to communicate the importance of chemistry in
our lives and to spark the interest of young children in chemistry.	
Form 990, Part III, Line 4d: Distinguished Service Award Expense	es: 1,260 Grants: 502 Revenues: 307
The Distinguished Service Award and the 50/60 Year Member Awards are present	ed to individuals in the chemical community to
recognize the accomplishments and service in promoting the field of chemistry in	1 the scientific community.
Form 990, Part III, Line 4d: High School Education Program Expense	es: 1,870 Revenues: 455
The program is intended to increase the awareness and attract high school stude	nts to the field of chemistry.
Form 990, Part III, Line 4d: Willard Gibbs Medal Award Committee Expense	es: 15,931 Revenues: 5,329
Committee designated with the selection of, banquet planning and presentation for	or this distinguished award.
Form 990, Part III, Line4d: Ipatieff Endowment Fund Expense	es: 1,350 Grants: 792 Revenues: 792
The Organization contributes 100% of the earnings of the Ipatieff Endowment Fun	nd for the year end December 31,2016
to the John Crerar Library at the University of Chicago. The grant is used to purc	hase books and technical publications
in the field of chemistry.	
Form 990, Part VI, Section B, Line 11b: The form is completed by a CPA from the b	books, records and documentation of the organization
that contains pertinent information. The completed Form 990 is reviewed by the	Comptroller and Chair of the organization.
Form 990, Part VI, Section B, Line 15a: Compensation of the office manager is det	termined by the Board of Directors after a review by
the Chair of the Office Affairs Committee. A review of comparable data for non-process of the Office Affairs Committee.	rofit organizations in the Chicago area is also completed.
Form 990, Part VI, Section C, Line19: The organization's information is available to upon request.	o the public at the offices of the organization