Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**17**

Open to Public

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection For the 2017 calendar year, or tax year beginning 2017, and ending 20 D Employer identification number C Name of organization Northeastern Section of the American Chemical Society, Inc. Check if applicable: Address change Doing business as 04-6037800 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change initial return 67 Bow Street 781-272-1966 City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Arlington, MA 02474 G Gross receipts \$ Amended return 2,187,257 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? 🔲 Yes 📝 No H(b) Are all subordinates included? Tyes No. If "No," attach a list (see instructions) 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) Tax-exempt status Website: > www.nesacs.org H(c) Group exemption number ▶ Form of organization: 🗹 Corporation 🗌 Trust Association ☐ Other ► L Year of formation 1898 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The advancement of chemistry and chemical engineering, the promotion of research, the improvement of the qualifications of members through high standards of educational and professional ethics, the increase and diffusion of chemical knowledge, and the promotion of scientific interests and inquiry. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. සැල් 3 -Number of voting members of the governing body (Part VI, line 1a) . ୧୬ 🕏 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>48</u> SCANNED OCT Activities 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 135 Total unrelated business revenue from Part VIII, column (C), line 12 7a 14,212.50 Net unrelated business taxable income from Form 990-T, line 34 7b 0.00 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 8 253,880.81 9 Program service revenue (Part VIII, line 2g) 46,380.80 48,185.45 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 112,917.73 305,888.47 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (1,100.00) Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 385,021.06 606,854.73 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 41.548.50 50,857.02 Benefits paid to or for members (Part IX, column (A), line 4) . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 321,947.15 382,671.86 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 363,495.65 433,528.88 19 Revenue less expenses. Subtract line 18 from line 12 21,525,41 173,325.85 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,759,275.77 2,942,104.49 Total liabilities (Part X, line 26) . <u>15,109.48</u> 21 24,612.35 22 Net assets or fund balances. Subtract line 21 from line 20 2,744,166.29 2,917,492.14 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Ashis Saha, Treasurer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check | 1 Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

6-21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Cat. No. 11282Y

| Part I | V Checklist of Required Schedules | | | |
|--------|---|-----|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | ✓ | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | - | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 1 | <u> </u> |
| 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. | 10 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 44- | | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 11a | | ✓ |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| 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 | | ✓_ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | 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 | | ✓ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ✓ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | · • |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | _ | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | / |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | → |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u>·</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | √ |
| | | | 990 | (0017 |

| Part I | V Checklist of Required Schedules (continued) | | 7 | |
|---------|--|-----|----------|------------|
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| ь 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ✓ | i |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 1 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | ✓ |
| Ū | to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 200 | _ | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | 1 | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | 53 |
| _ | Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | ÷ 7.5 | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | 1 | • |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | <u> </u> | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 7 |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| 32 | Part I | 31 | | ✓ |
| 32 | complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | √ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | √ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | √ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 330 | | \ <u> </u> |
| 07 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| | | | n 990 | (2017) |

Form **990** (2017)

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | - | | |
|------------|--|----------|----------|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | ✓ |
| Ţ, | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ✓_ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | ļ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | ļ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ | <u></u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | ✓ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | Did-any-taxable-party-notify-the-organization-that-it-was-or-is-a-party-to-a-prohibited-tax-shelter-transaction? | _5b_ | | ✓_ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the |] | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1 | | l |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | L |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | ĺ | ١. |
| | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | <u> </u> | | ļ |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | <u> </u> | | ļ. <u>.</u> |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | <u> </u> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а • | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | ł | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | ł | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | İ |
| a | Gross income from members or shareholders | 1 | | |
| р | | | | |
| 40. | The state of the s | 120 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| b | | | | ŀ |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | \vdash |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 138 | <u> </u> | \vdash |
| L | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the organization is licensed to issue qualified health plans | | | 1 |
| _ | Enter the amount of reserves on hand | | | l |
| C 140 | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <u> </u> | 1 |
| 14a | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |
| <u>b</u> _ | ii res, nas it nieu a ronn 120 to report these payments in 140, provide an explanation in Schedule O. | עדיי | | |

| Part VI Governance, Management, and Disclosure For each "Yes" response to lines & Jo nº 10 below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI | Form 99 | 0 (2017) | | | Page O |
|---|---------|--|---------------|-------------|---------------|
| Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delayated broad authority to an executive committee or similar committee, explain in Schedule O. De Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other orficer, directors, or fustees, or key employees to a management opport or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fustees, or key employees to a management opport or other person? Did the organization have amplies or stockholders? Did the organization become aware during the year of a significant diversion of the organization's assests? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization than the provincing body? Each committee with authority to act on behalf of the governing body? Did the organization forwaller address? If "res", provide the manes and addresses in Schedule O. Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? He was the organization forwall a complete copy of this Form 990 all members of its governing body leave the conflicts? Did t | Part | | | | |
| 1a Enter the number of voting members of the governing body at the end of the tax year. 1f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b | | | | | ions. |
| a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similiar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization dispate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 5 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 5 Did the organization bary significant changes to its governing documents include the prior form 890 was filed? 5 Did the organization bary significant changes to its governing documents include the power to elect or appoint one or more members of the governing body? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Is there any officer, director, trustee, or key employee is lated in Part VII, Section A, who cannot be reached at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b If the organization have written police be an advantage of the governing body before fling the f | Section | | <u> </u> | • | <u>. Ł.</u> |
| 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent. 1b | Section | 37 A. Governing body and Management | | Yes | No |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assests? Did the organization become aware during the year of a significant diversion of the organization's assests? Did the organization become aware during the year of a significant diversion of the organization's assests? Did the organization become aware during the year of a significant diversion of the organization have members or stockholders, or persons other than the governing body? Did the organization on the governing body? Did the organization on the power management the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Did the organization have any the following: The organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization or work the surface of the process in any used by th | 1a | Enter the number of voting members of the governing body at the end of the tax year. | 100 | | 14.3 |
| if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who are independent 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5. Did the organization have members or stockholders? 6. Did the organization have members or stockholders? 7. Did the organization have members or stockholders? 7. Did the organization have members or stockholders? 8. Did the organization have members or stockholders? 9. Did the organization have members or stockholders? 10. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11. The governing body? 12. Did the organization fave that the organization active proposes by the state of the governing body? 13. The governing body? 14. Did the organization have written policies and addresses in Schedule O. 15. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 16. July 18. The organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 16. Did the organization have a written policies of all elements of the governing body before filing the form? 18. Did the organization have | | | | | |
| Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Lid the organization have members os tockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization of the governing body? 8 Did the organization of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have winten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have winten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have a written policie | | | ē. | | |
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| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed participation in Schedule O how there's website U 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 policy, and financial statements available to the public during the tax year. 15 State the name, address, and telephone number of the | D | | 406 | , | |
| Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nee to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a | 11a | | | <u> </u> | |
| Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? 5ection C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Massachusetts Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | _ | | | ¥. | 34 4 |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | · · · · · · · · · · · · · · · · · · · | 1 | <u>≈.s.</u> | J |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Massachusetts Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | _ | | | | Ť |
| Did the organization have a written whistleblower policy? | С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | | |
| Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | 13 | Did the organization have a written whistleblower policy? | | - | 1 |
| independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 14 | | 14 | | ✓ |
| a The organization's CEO, Executive Director, or top management official | 15 | | | 18 | |
| b Other officers or key employees of the organization | | | | | F |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | · · · · · · · · · · · · · · · · · · · | $\overline{}$ | | ļ |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | Þ | | 15b | 44.5 | किट त |
| with a taxable entity during the year? | 16a | | | | |
| 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? | 100 | | | | √ |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Massachusetts 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | b | | | | \$2 |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Massachusetts 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | | | |
| List the states with which a copy of this Form 990 is required to be filed ► Massachusetts Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► | | | 16b | | |
| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► | | | | | |
| available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | | | E01/ | 0//2\- | |
| Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: | 16 | available for public inspection. Indicate how you made these available. Check all that apply. | 1 501(| င)(၁)ಽ | only) |
| financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: | 40 | | | I! - | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | 19 | | erest | policy | y, and |
| | 20 | | corde. | | |
| | | Ashis Saha, 67 Bow St., Arlington, MA 02474 781-272-1966 | Julus. | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| Check this box if neither the organization no | r any relate | d orga | <u>aniz</u> | atio | n c | <u>ompe</u> | nsa | ited any curren | t officer, directo | r, or trustee. |
|--|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------------|-------------------|---------------------------|-----------------------------|
| | (C) | | | | | | | - | | |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per week (list any | | | d a d | irect | or/trus | tee) | compensation from | compensation from related | amount of other |
| | hours for | or and | ls. | Officer | <u>6</u> | E E | ᇢ | the | organizations | compensation |
| | related | direc | Ĕ | icer | en | bloy | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | tor t | ona | | Key employee | 8 8 | | (W-2/1099-MISC) | | organization and related |
| | line) | Individual trustee or director | Institutional trustee | | yee | npe | | | | organizations |
| | | 8 | stee | | ł | Highest compensated employee | | į | | |
| | | | Ĺ | | ļ | 8 | <u> </u> | ļ | | |
| 40 | 1 | | } | | ĺ | | | | | |
| (1) Refer to Schedule J2 and Schedule L Part III | | | | | | | | • | | |
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| (14) | | | | | | | | | | |
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| | VII Section A. Officers, Directors, Trust (A) Name and title | (B) Average hours per week (list any | Average box, unless person is bot officer and a director/trus | | | | | one an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimated | | |
|---------|--|--|---|-----------------------|----------|--------------|------------------------------|-------------------|--|--|---------|------------------|---|----|
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-M | | orgar and i | ensatio n the lization related ization: |) |
| (15) | | | | | | | <u> </u> | | - | | | | | |
| (16) | | | | | | | | - | | | | | | |
| (17) | | | | | _ | | | | <u> </u> | ļ | _ | | <u>.</u> | |
| (18) | | | | - | - | - | ļ | - | | | | | | |
| (19) | | | | | _ | | | _ | | | | | | |
| (20) | | | <u> </u> | _ | | _ | | | | | | | | |
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| (21) | | | | | <u> </u> | | | _ | | ļ | | | | |
| (22) | | | | | | | | | | | | | <u> </u> | |
| (23) | | | [_ | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | ** | |
| (25) | | | | | | | | | | | _ | | | |
| 1b c | Sub-total | VII, Section | n A | | | | | ▶ ▶ | | | | | | |
| 2 | Total number of individuals (including bur reportable compensation from the organ | t not limited | | | | | | e) w | no received m | ore than \$10 | 00,000 | of | - | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | ficer, direc | | | | | | emp | oloyee, or high | nest compe | nsated | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | 4 | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or ind | ividual | 5 | | |
| Section | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | iress | | | | | | | (B) Description of s | services | C | (C) compens | ation | |
| | | | | | _ | _ | | | | | | | | |
| | | | | | _ | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | |) th | nose listed ab | ove) who | | | | |

| Part | VIII | Statement of Reve | | **** | anno ar nota ta | ony line in this l | Dort VIII | | |
|---|----------|---|--------------------|--------|----------------------|--------------------|--|---|--|
| • | | Check if Schedule C | contains a | resp | oonse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| इ इ | 1a | Federated campaigns | · · · · · | 1a | İ | | 10101100 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership dues . | _ | 1b | 79,933.75 | | | | |
| e, Ĕ | C | Fundraising events . | | 1c | · | | | | |
| ar / | d | Related organizations | _ | 1d | | | | | |
| s, G | е | Government grants (con | tributions) | 1e | | | | | |
| ion | f | All other contributions, g | ifts, grants, [| | | | | | |
| the | | and similar amounts not inc | luded above | 1f | 173,947.06 | | | | |
| Contributions, and Other Sim | g | Noncash contributions include | ded in lines 1a-1 | f: \$ | | | | | |
| a Co | h | Total. Add lines 1a-1 | f | | 🕨 | 253,880.81 | | | |
| ue | | | | | Business Code | | | | |
| ven | 2a | Advertising | | | 541800 | 14,212.50 | | 14,212.50 | |
| Program Service Revenue | b | Meals | | | 900099 | 9,124.48 | 9,124.48 | | |
| Vic. | С | | | | 541900 | 24,267.35 | 24,267.35 | | |
| Ser | d | Interest & rebates | | | 900099 | 581.12 | | | 581.12 |
| am | е | | | | | | | | |
| jō | f_ | All other program ser | | • | | | | | |
| <u> </u> | g | Total. Add lines 2a-2 | | | <u> </u> | 48,185.45 | | · · · | |
| | 3 | Investment income | | | | | | | |
| ļ | | and other similar amo | - | • | | 113,490.02 | | | 113,490.02 |
| | 4 | Income from investmen | it of tax-exem | ipt bo | ond proceeds | | | | |
| | 5 | Royalties | (ı) Real | • | (II) Personal | | | | |
| | | 0 | (i) Hear | | (II) Fersonal | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less: rental expenses | | | | | | | - |
| | C | Rental income or (loss) | (1000) | | | | | | |
| | d | Net rental income or Gross amount from sales of | (i) Securitie | | > | | | | |
| | 7a | assets other than inventory | | | - ' ' | | | | |
| | ь | Less: cost or other basis | 1,771,70 | JU.26 | | | | | |
| | " | and sales expenses . | 4 570 00 | | | Ì | | | |
| | ١ . | Gain or (loss) | 1,579,30 192,39 | | | | | | |
| | d | Net gain or (loss) | 192,39 | 8.45, | ▶ | 192,398.45 | | | 102 200 45 |
| | " | iver gain or (1055) . | | • | | 192,396.45 | | | 192,398.45 |
| Other Revenue | | Gross income from fu events (not including \$ of contributions report See Part IV, line 18 . | ed on line 1c | а | | | | | |
| ਰ | | Less: direct expenses | | | | | _ | | |
| | | Net income or (loss) 1 | | | events . > | (1,100.00) | | | (1,100.00) |
| | 9a | Gross income from ga | - | | | | | | |
| | | See Part IV, line 19 . | | - | | | | | |
| | b | Less: direct expenses | | | | | | | |
| | C | , , | | | vities ▶ | | | | |
| | 10a | Gross sales of in | | | | İ | | | |
| | | returns and allowanc | | | | + | | | |
| | | Less: cost of goods s | | | entory | | | | |
| | <u>c</u> | Net income or (loss) t | | IIIVE | Business Code | | | | 7 |
| | - | Miscellaneous F | | | Duaniesa Code | | | | |
| | 11a | | | | | | | | |
| | b | | | | | | | | |
| | C | All other revenue | | | | | | | |
| | d | All other revenue . Total. Add lines 11a- | | | . . | | | | •• |
| | 12 | Total revenue. See i | | | 1 | 606.854.73 | 33.391.83 | 14.212.50 | 305,369,59 |
| | 1-2- | - Juli 10 Tolladi Dec I | | · | | 000.034.73 | 33.331.03 | 14,616,30 | 505.369.39 Form 990 (2017) |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | piete ali columns. Al | i otner organizations | s must complete co | iumn (A). |
|-----------------|---|-----------------------|------------------------------|---------------------------------------|--------------------------------|
| | Check if Schedule O contains a respons | se or note to any lin | e in this Part IX . | | <u>.</u> 🔲 |
| Do no 8b, 9b | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 18,507.02 | 18,507.02 | · · · · · · · · · · · · · · · · · · · | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 32,350.00 | 32,350.00 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | _ |
| 7 | Other salaries and wages | | | - | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 45,252.29 | 12,068.42 | 33,183.87 | |
| b | Legal | | | | |
| C | Accounting | 6,840.00 | | 6,840.00 | |
| d e | Lobbying | | | | |
| f | Investment management fees | 39,622.00 | | 39,622.00 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 33,022.30 | | 00,022.00 | - |
| 12 | Advertising and promotion | | | | <u> </u> |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 205,247.10 | 205,247.10 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | _ | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | ł | 1 | | , |
| а | Publications | 28,849.11 | 28,849.11 | | |
| b | Travel to National meetings | 48,146.20 | 48,146.20 | | |
| C | Committee Expense | 8,715.16 | 70,170.20 | 8,715.16 | |
| d | | 5,7 | | 5,7,13,10 | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 433,528.88 | 345,167.85 | 88,361.03 | 0.00 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if | ļ | ļ | | |

| P | art X | | | | , ago |
|-----------------------------|---------------|---|--------------------------|-----|------------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | rt X | | 🗆 |
| _ | . | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | 1 | . ===- |
| | 2 | Savings and temporary cash investments | 479,004.20 | | 588,643.10 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 8,809.50 | 4 | 14,879.38 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | |
| ş | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | - 44 | 5 | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ą | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | 1,750.00 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities | 2,263,062.07 | 11 | 2,328,432.01 |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | - | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 8,400.00 | 15 | 8,400.00 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,759,275.77 | 16 | 2,942,104.49 |
| | 17 | Accounts payable and accrued expenses | 15,109.48 | 17 | 24,612.35 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | ·- | | |
| jab | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | . |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 45 400 40 | 25 | |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. | 15,109.48 | 26 | 24,612.35 |
| Ž | 27 | Unrestricted net assets | 69,644.80 | 27 | 57,273.24 |
| ala | 28 | Temporarily restricted net assets | 899,766.70 | | 924,853.61 |
| 0 | 29 | Permanently restricted net assets | 1,774,754.79 | | 1,935,365.29 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | 1,114,104.10 | | 1,000,000.20 |
| S S | 30 | Capital stock or trust principal, or current funds | | 30 | |
| se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Zet | 33 | Total net assets or fund balances | 2,744,166.29 | 33 | 2,917,492.14 |
| _ | 34 | Total liabilities and net assets/fund balances | 2,759,275.77 | | 2,942,104.49 |
| | | | | | Form 990 (2017) |

| Page | 1 | 2 |
|------|---|---|
| | | |

| roim 99 | 0 (2017) | | | Pa | geı∠ |
|---------|--|----------|---------|----------|----------|
| Part | XI Reconciliation of Net Assets | | - | • | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 606,8 | 54.73 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 433,5 | 28.88 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 173,3 | 25.85 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | ,744,1 | 66.29 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 2 | ,917,4 | 92.14 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | <u></u> | <u> </u> | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain in | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: | | 2a | ✓ | |
| b | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audito separate basis, consolidated basis, or both: | ed on a | | | |
| С | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of the audit, review, or compilation of its financial statements and selection of an independent account. | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 20 | | Ĺ |
| _ | Schedule O. | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | | | Forn | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

(B)

(C)

(D)

(E) **Total**

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.

OMB No 1545-0047 2017

Open to Public Inspection

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Northeastern Section of the American Chemical Society. Inc. 04-6037800 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🖸 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. 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, 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A)

| | (Complete only if you checked the Part III. If the organization fails to | | | | | | alify under |
|-----------|---|------------------------------------|---------------------------------|---|-----------------|-----------------------|----------------|
| Secti | on A. Public Support | quality united | | | <u> </u> | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 160,821 | 176,483 | 207,848 | 225,723 | 253,881 | 1,024,756 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 160,821 | <u> 176,483</u> | 207,848 | 225,723 | 253,881 | 1,024,756 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | | | | | |
| _ | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 160,821 | 176,483 | 207,848 | 225,723 | 253,881 | 1,024,756 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 140,332 | 145,871 | 153,571 | 140,496 | 114,071 | 694,341 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,719,097 |
| 12 | Gross receipts from related activities, etc. | • | - | | | 12 | 121,349 |
| 13 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop he | | | <u>· · · · · · · · · · · · · · · · · · · </u> | · · · · · | <u> </u> | <u>· · P L</u> |
| | on C. Computation of Public Suppor | | | 4 (0) | - | 44 | |
| 14 | Public support percentage for 2017 (line 6 | | | | | 15 | 59.61 % |
| 15 16a | Public support percentage from 2016 Sch 331/3% support test—2017. If the organi | | | | | | 55.75 % |
| iva | box and stop here. The organization qua | | | | | | |
| b | 33 ¹ / ₃ % support test—2016. If the organithis box and stop here. The organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | eets the "facts- | and-circumsta umstances" te | inces" test, ch | eck this box a | ind stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization | ation meets the neets the "fact | e "facts-and-c s-and-circums | ircumstances" tances" test. 1 | ' test, check t | his box and s | top here. |
| 18 | Private foundation. If the organization di instructions | d not check a l | box on line 13, | | | k this box and | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name o | f the organization | | Employer identification number |
|--------|--|---|--|
| Northe | astern Section of the American Chemical Society, Inc. | | 04-6037800 |
| Par | | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets h | eld in donor advised |
| | funds are the organization's property, subject to the | ne organization's exclusive legal contro | ol? 🔲 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, a | and donor advisors in writing that grain | nt funds can be used |
| | only for charitable purposes and not for the bene | fit of the donor or donor advisor, or f | or any other purpose |
| | conferring impermissible private benefit? | | · · · · · · |
| Par | Conservation Easements. | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | |
| _1_ | Purpose(s) of conservation easements held by the | organization (check all that apply). | |
| | Preservation of land for public use (e.g., recrea | tion or education) 🔲 Preservation o | f a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution | on in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easement | ts | 2b |
| C | Number of conservation easements on a certified | | |
| d | Number of conservation easements included in | | I I |
| | | | |
| 3 | Number of conservation easements modified, tran | sferred, released, extinguished, or terr | minated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conse | | ······ |
| 5 | Does the organization have a written policy re | | · |
| _ | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, nandling of violations, and enforcing | conservation easements during the year |
| - | Associated for a second in a societation in a societation | an bouding of violations and sufficien | |
| 7 | Amount of expenses incurred in monitoring, inspectin \$\blacktriangleright* | ig, nandling of violations, and enforcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170/h)///(R)(i) |
| J | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports | | |
| 9 | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easeme | | arrolar state. He was a second |
| Pari | | | Other Similar Assets. |
| | Complete if the organization answered | • | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other similar | assets held for public exhibition, ed | ducation, or research in furtherance of |
| | public service, provide, in Part XIII, the text of the t | footnote to its financial statements tha | t describes these items. |
| b | If the organization elected, as permitted under S | SFAS 116 (ASC 958), to report in its | revenue statement and balance sheet |
| | works of art, historical treasures, or other similar | assets held for public exhibition, ed | lucation, or research in furtherance of |
| | public service, provide the following amounts relat | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| 2 | If the organization received or held works of art | , historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under S | SFAS 116 (ASC 958) relating to these it | ems: |
| а | Revenue included on Form 990, Part VIII, line 1 . | | > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| p | a | _ | _ | 2 |
|---|---|---|---|---|
| | | | | |

| Part | | Collections of | Art, Historical T | reasures, or Ot | her Similar Ass | ets (continued) |
|-------|--|----------------------|----------------------|---------------------|-------------------------|---------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | accession, and oth | ner records, chec | k any of the follow | wing that are a sig | nificant use of its |
| а | ☐ Public exhibition | | d ∏ Loan | or exchange prog | rams | • |
| b | ☐ Scholarly research | | e Other | | | |
| c | ☐ Preservation for future generations | 3 | | | | |
| 4 | Provide a description of the organiza XIII. | | ınd explain how t | hey further the org | ganization's exemp | ot purpose in Part |
| 5 | During the year, did the organization | solicit or receive | donations of art, | historical treasure | s, or other similar | |
| | assets to be sold to raise funds rather | than to be mainta | ined as part of the | e organization's co | ollection? | ☐ Yes ☐ No |
| Part | IV Escrow and Custodial Arra | angements. | | _ | | |
| | Complete if the organization 990, Part X, line 21. | | | | | |
| | Is the organization an agent, trustee included on Form 990, Part X? | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the following to | able: | | |
| | | | | | Am | ount |
| С | Beginning balance | | | <u> 10</u> | <u> </u> | |
| d | Additions during the year | | | <u>10</u> | | |
| е | Distributions during the year | | | <u>1</u> 6 | <u> </u> | |
| f | Ending balance | | | | | |
| 2a | Did the organization include an amou | | | | | |
| b | If "Yes," explain the arrangement in P | art XIII. Check here | e if the explanation | n has been provid | ed on Part XIII . | <u> </u> |
| Par | | | | | | |
| | Complete if the organization | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 2,674,522 | 2,684,101 | 2,808,736 | 2,674,203 | 2,523,141 |
| b | Contributions | | 200 | | | |
| С | Net investment earnings, gains, and | | | | | |
| | losses | 305,888 | 112,918 | 23,640 | 268,004 | 257,123 |
| d | Grants or scholarships | 48,857 | 41,849 | 36,150 | 33,400 | 32,725 |
| е | Other expenditures for facilities and | | | | | |
| | programs | 31,712 | 49,429 | 80,670 | 67,630 | 55,390 |
| f | Administrative expenses | 39,622 | 31,420 | 31,455 | 32,441 | 30,946 |
| g | End of year balance | 2,860,219 | | | | 2,674,203 |
| 2 | Provide the estimated percentage of | | d balance (line 1g | ı, column (a)) held | as: | |
| а | Board designated or quasi-endowme | nt ▶ | % | | | |
| b | Permanent endowment | 68% | | | | |
| C | Temporarily restricted endowment | | | | | |
| | The percentages on lines 2a, 2b, and | • | | | | |
| 3a | Are there endowment funds not in th | e possession of th | e organization that | at are held and ad | Iministered for the | |
| | organization by: | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) ✓ |
| | (ii) related organizations | | | | | 3a(ii) ✓ |
| b | If "Yes" on line 3a(ii), are the related of | | | | | 3b |
| 4 | Describe in Part XIII the intended use | | on's endowment to | unds. | | ···· |
| Pari | | | | 5 1 10 4 10 4 4 | 0 = 000 = | |
| | Complete if the organization | | | | | Part X, line 10. |
| | Description of property | (a) Cost or ot | 1 | | Accumulated epreciation | (d) Book value |
| 1a | Land | | | | | |
| b | Buildings | | | | | |
| С | Leasehold improvements | | | | | |
| d | Equipment | | | | | |
| е | Other | | | | | |
| Total | Add lines to through te (Column (d) | | On Part X column | (R) line 10c l | | |

| Part VII | Investments – Other Securi Complete if the organization | | rm 990, Part IV, lin | e 11b. See Form | 990, Part X, line 12. |
|-------------------|---|---|--------------------------|------------------------|--|
| , | (a) Description of security or cat (including name of security | egory | (b) Book value | (c) Meth | od of valuation of-year market value |
| (1) Financial | derivatives | | | | |
| | neld equity interests | | | | |
| (3) Other | · | *************************************** | | | |
| (A) | | | | | |
| (B) | | ······ | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) (H) | | | <u> </u> | | |
| | 1) | | | | |
| | b) must equal Form 990, Part X, col (B) line 12 | | <u> </u> | · <u></u> | |
| Part VIII | Investments - Program Rel | | rm 000 Dart IV lin | o 11a Coo Form | 000 Dort V line 12 |
| | Complete if the organization | | | | |
| | (a) Description of investme | nτ | (b) Book value | | od of valuation. of-year market value |
| | | | | | |
| <u>(1)</u> | | | | | |
| (2) | | - | | | |
| (3) | | | | | |
| (4) | | | | | |
| <u>(5)</u> (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | - |
| (9) | | - | | | |
| | b) must equal Form 990, Part X, col. (B) line 13 | 1.1 | | | |
| Part IX | Other Assets. | 7- | <u></u> | | |
| | Complete if the organization | answered "Yes" on Fo | rm 990. Part IV. lin | e 11d. See Form | 990. Part X. line 15. |
| | <u> </u> | (a) Description | | | (b) Book value |
| (1)_ | | | | | ··· |
| (2)_ | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | _ | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | - | |
| Total. (Colu | ımn (b) must equal Form 990, Part | X, col. (B) line 15.) | | . | |
| Part X | Other Liabilities. | | | | _ |
| | Complete if the organization | answered "Yes" on Fo | rm 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| | line 25. | | | | |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal i | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | <u></u> | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 25 | | | | |
| 2. Liability fo | r uncertain tax positions In Part XIII, | provide the text of the footr | note to the organization | n's financial statemer | its that reports the |

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

| Part | | | Return. |
|-----------|---|------------------------------|-------------------------------|
| | Complete if the organization answered "Yes" on Form 990, I | | _ |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 . |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | _ |
| b | Donated services and use of facilities | 2b | _ |
| C | Recoveries of prior year grants | | _ |
| d | Other (Describe in Part XIII.) | | <u> </u> |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ |
| b | Other (Describe in Part XIII.) | 4b | _ |
| _ | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Part | | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | ⊣ 1 |
| þ | Prior year adjustments | 2b | _ |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | _ |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | - |
| ь | Other (Describe in Part XIII.) | | - |
| | Add lines 4a and 4b | | |
| 5 Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. | e 10.) | 5 |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4: Part IV lines 1h and 2 | h: Part V line 4: Part V line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
| | | • | |
| Endov | ment funds are intended to memorialize individual chemists and support activ | nues of the Section, Such as | publications. |
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No ,1545-0047

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| ► Attach to Form 990. | ▶ Go to www.irs.gov/Form990 for the latest information. |
|-----------------------|---|
|-----------------------|---|

| Department of the Treasury Internal Revenue Service | | ► Go to v | ► Go to www.irs.gov/Form990 for the latest information. | 0 for the latest inf | ormation. | | Inspection |
|---|--|--------------------------------------|---|---------------------------------------|---|--|------------------------------------|
| Name of the organization | | | | | | Employ | Employer identification number |
| Northeastern Section of the American Chemical Society, Inc. | ican Chemical Society, | Inc. | | | | | 04-6037800 |
| Part General Information | General Information on Grants and Assistance | Assistance | | | | į | |
| 1 Does the organization m | aintain records to sub | stantiate the amou | int of the grants or | assistance, the g | rantees' eligibility for | its or a | e, and |
| the selection criteria used to award the grants of assistance: Describe in Der IV the organization's procedures for monitoring | d to award the grants roapization's procedu | or assistance: sec for monitoring | the use of grant funds in the United States. | ds in the United | States | · · · · · · · | 3 |
| II II | Grants and Other Assistance to Domestic Organization | | ations and Dom | estic Governm | ents. Complete i | tations and Domestic Governments. Complete if the organization answered "Yes" on Form | ered "Yes" on Form |
| 990, Part IV, line | 21, for any recipient | that received m | ore than \$5,000. | Part II can be d | uplicated if additi | 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed. | |
| 1 (a) Name and address of organization or government | on (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 noncash assistance | (h) Purpose of grant or assistance |
| (1) American Chemical Society | | | 1000 | | | | |
| | 53-01965/2 | 501(C)(3) | 70.769,71 | | | | |
| (2) Salem State University | | 501(c)(3) | 2,500.00 | | | | |
| (3) 2 Universities/500 each | | | 1,000.00 | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (<u>(</u>) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | ; | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| | ction 501(c)(3) and go | vernment organiza | tions listed in the l | ine 1 table | | | |
| 3 Enter total number of other organizations listed in the line 1 table | ner organizations liste | In the line 1 table | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | tice, see the Instruction | is for Form 990. | | O | Cat No 50055P | | Schedule I (Form 990) (2017) |

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)

Part III Grants ar

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Norris College Teaching Award | 1 | 3000.00 | | | |
| 2 Esselen Award - Chemistry in the Public Interest | 1 | 5000.00 | | | |
| 3 Undergraduate Student Research | 4 | 12,000.00 | | | |
| 4 High School Teaching Award | - | 1,500.00 | | | |
| 5 High School Exam Contest | 1 | 100.00 | | | |
| 6 High School student research (SEED) | 3 | 7,500.00 | | | |
| 7 College conference awards 5 750.00 | 5 | 750.00 | | | |
| | | מלמופס וו רומון, ווו | ez, ratim, colum | (b), and any other additi | Ola mornation. |
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Schedule I (Form 990) (2017)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

| Name c | f the organization | | | | | - | | | Employ | yer ide | ntificat | ion nu | mber | | |
|---|----------------------------------|------------------------------------|---|----------|-----------------------------------|----------------------------|---------------|---------------|---------------------------------------|-----------|----------|---------------|------------------------------|---------|----------------|
| North | eastern Section of the | American Chen | nical Society, In | IC. | | | | | | | 04- | 60378 | 00 | | |
| Par | Excess Bene | fit Transaction | ions (section 501(c)(3), section 501(c)(4), and 501(c)(29) or answered "Yes" on Form 990, Part IV, line 25a or 25b, | | | | | | rganizations only). | | | | | | |
| | (-) Name of descripted | | (b) Relationship be | tween c | disqualified | person and | | (a) Do | scription of transaction (d) Correcte | | | | rected? | | |
| 1 | (a) Name of disqualified | person | | organıza | | | | (c) De | scriptio | n or trai | nsacuo | n | | Yes | No |
| (1) | | | ·- | _ | | | | | | | | _ | | | |
| (2) | | | | | | | | · · · · · | | | | | | | |
| (3) | | | | | | | | | | | | _ | | | |
| (4) | | | | | | • | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | • | | | | | | | | | | | |
| 2 | Enter the amount | of tax incurred | by the organ | nizatio | n manag | ers or dis | qualit | ied perso | ns du | ring t | he ye | ar | | | |
| | under section 4958 | | | | | | | | | | | > 5 | â | | |
| 3 | Enter the amount o | f tax. if anv. on | line 2. above. | reimb | ursed by | the organi | izatio | n | | | | ▶ } | <u> </u> | | |
| • | Littor the amount o | ,, , | =, a.seve, | | | | | | | | | | | | |
| Part | I cans to and | /or From Inter | ested Person | S. | | | | | | | | | | | |
| | Complete if th | e organization eported an amo | answered "Ye | s" on | Form 990 art X, line | 0-EZ, Part e 5, 6, or 2 | V, line 2. | e 38a or Fo | orm 99 | 90, Pa | ırt IV, | line 2 | 26; or i | f the | |
| (a) N | ame of interested person | (b) Relationship with organization | (c) Purpose of loan | fro | oan to or orn the nization? | (e) Origir principal an | | (f) Balanc | e due | (g) In (| default? | by b | proved oard or nittee? | | ntten ment? |
| | | | | То | From | | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | <u> </u> | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | L | | | | | | | <u> </u> | | | | <u> </u> |
| (4) | | | L | | | | | | | | <u> </u> | | 1 | | <u> </u> |
| (5) | | | | | | | | 1 | | <u> </u> | | | | | |
| (6) | | <u></u> | | | | | | | | ļ | | | | | |
| (7) | | | | <u> </u> | | | | | | | | | | | |
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| (9) | | | | | <u> </u> | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | | |
| Total | | | | | · · · · · | | . ▶ | \$ | | | ¥. 1 | - 1 | - " '>j _e - | - 3 | - |
| Part | Grants or Ass Complete if the | sistance Bene ne organization | answered "Ye | s" on | Form 99 | | | 7. | | | | • | | | |
| (a) | Name of interested person | | ship between inter and the organization | | (c) Amount | t of assistance | | (d) Type of a | ssistand | е | (e |) Purp | ose of a | ssistan | ce |
| | See Schedule O | | | | | | Trave | el Grants | | | <u> </u> | | | | |
| (2) | | | | | | | <u> </u> | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
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| (3) (4) (5) (6) (7) (8) (9) | | | | | | | | | | | | | - | | |
| (9) | | | | | | | | | | | Ī | | | | |
| (40) | | 1 | | | | | \Box | | | | 1 | | | | |

| Schedule L | (Form 990 or 990-EZ) 2017 | | | | F | age 2 |
|--|---|---|---------------------------|--------------------------------|--------|-------------------------------|
| Part IV | Business Transactions Inv Complete if the organization | volving Interested Persons. n answered "Yes" on Form 990, | Part IV, line 28a, | 28b, or 28c. | | |
| • | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
| | | | | | Yes | No |
| (1) Anr | na Singer | Wife of Secretary | 34,516.62 | Payment for services | | 1 |
| | nanne Piper Grady | D'ghter of past Treasurer | | Payment for services | | 1 |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | 4- | <u> </u> |
| <u>(7)</u> | | | | | | <u> </u> |
| (8) | | | | | | |
| (4) (5) (6) (7) (8) (9) (10) | | | | | | |
| Part V | Supplemental Information | | - | <u> </u> | L | L |
| I alt v | Provide additional informati | ion for responses to questions o | on Schedule L (see | instructions). | | |
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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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

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Department of the Treasury Internal Revenue Service

| Name of the organization | Employer identification number |
|---|--------------------------------|
| 990 Part VI Line 2. See Schedule L Part IV relating to the wife of the Sepast-Treasurer. | ecretary and daughter of the |
| 990 Part VI Lines 6-7. All members of the National organization residir | g within the Section's |
| geographical area are members of the Section and annually elect the offi | |
| Amendments to the Constitution and Bylaws must be approved by the N by members. | |
| 990 Part VI Line 19. Financial statements and the 990 are available upo treasurer of the Section. Governing documents are posted on the Section | _ |
| Schedule D Part V Line 3a(i). On 12/31 the Boston Foundation held app | |
| Esselen Award endowment funds on behalf of the Section. Income from annually by the Section. | |
| Schedule L Part III. Reimbursements are provided for travel expenses to | national meetings by elected |
| Councilors of the Section in accordance with policies established by the | - - |
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