Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

Internal Revenue Service Solutions and the latest information.							Inspection	on			
Ā	For the	2017 cale	endar year, or tax year be	eginning		, and	ending				
В	Check if a	applicable	C Name of organization	American Chemical Society	y, Chicago Se	ction		D Employer ic	dentification	number	
	Address	change	Doing business as								
\Box	Alassa sh		Number and street (or P O	box if mail is not delivered to s	treet address)	Room/suite		36-2287522			
닏	Name ch	ange	1400 Renaissance Driv	<u>'e</u>		312		E Telephone n	number		
\sqcup	Initial retu	ırn	City or town		State	ZIP code		(8 <u>47)</u> 391-90	ω1		
	Final return	/torroup atod	Park Ridge		<u> </u>	60068		(041) 391-90	31		
닏	r iliai letuili	rteminateu	Foreign country name	Foreign province/state/	county/	Foreign post	tal code				
Ш	Amended	d return						G Gross receip	ots \$		<u> 181,493</u>
\Box	Application	on pending	F Name and address of princ	upal officer			Hta) is the	is a group return for	subordinates?	Yes	s X No
	, hb		Fran Karen Kravitz 28V	V230 Belleau Drive, Wint	field II 601	on		e all subordinates		Yes	=
							/				,, 140
<u></u>	Tax-exem	pt status	X 501(c)(3) 501(c)	() ◄ (insert no)	4947(a)(1)	or527	2 "	No," attach a list	(see msuuc	uons)	
J	Website	: ► chic	agoacs org				H(c) Gro	oup exemption nu	ımber ▶ 09	45	
K	Form of o	rganization	X Corporation Tru	ist Association Oth	ner ▶	LY	ear of forma	ation 1928	M State of	legal domicil	le IL
	Part I	Sur	nmary					1020			
	1			n's mission or most signif	ficent estimate	on The	- mionion	of the Chica	no Sootio	n of the	
≅°		-	•	•				i or the Chica	Ho Section	i oi iiie	
ລ ພັຫຼ∠Uໄ Governance		WOO IS I	i encourage ine auvang	cement of chemical scier	ices and me	ii braciiio	ners	·			
9 <u>È</u>			·					<i></i>	·		. -
∌ຮູ້	2			janization discontinued it		s or dispos	ed of mo	re than 25% ،	of its net a	assets	
				ne governing body (Part					.3 ,		35
Activities & G	4	Number	of independent voting r	nembers of the governin	g body (Par	t VI, lıne 11	b) 🖟 🖥	Carried L	4		35
ž	5	Total nui	nber of individuals emp	oloyed in calendar year 2	017 (Part V	lıne 2a')			5		1
Activic E	6	Total nui	mber of volunteers (esti	mate if necessary)		. 1	. D.CAM	, 18 .	6		200
벨¥	7a			ie from Part VIII, column	(C), line 12	988	j MAY	17.20	7a		
. 5	Ь			income from Form 990-1		Į.		_	7b		
See y vi							00	Prior Year :	· ·	Current Ye	ar
3	. 8	Contribu	tions and grants (Part V	/III. line 1h)				95,3			90,516
্ত Revenue	9		service revenue (Part						790		5,700
9	10	-		olumn (A), lines 3, 4, and	L7d)			53,1			51,485
ď	11		•	n (A), lines 5, 6d, 8c, 9c,	•	a)		14,3			13,542
	12			ı 11 (must equal Part VIII, c		•		171,6			161,243
_	13			d (Part IX, column (A), lir		<u> </u>	+	13,5			19,000
	14		•	(Part IX, column (A), line	•				0		19,000
	1			•	•	. E 10\				20.40	
Ses	15			loyee benefits (Part IX, colu		5 3-10)		38,8			39,402
ë	16a		_ ,	art IX, column (A), line 1	•		<u></u>		<u> </u>		**************************************
Expenses	· b			t IX, column (D), line 25)		1,65	.'				
	1 ''		•	n (A), lines 11a–11d, 11f	•		 	101,3			79,567
	18			7 (must equal Part IX, co	olumn (A), lir	ie 25)	ļ	153,6			137,969
	19	Revenue	less expenses. Subtra	ct line 18 from line 12.	.			17,9			23,274
et Assets or	<u> </u>						Beginn	ing of Current Y		End of Yea	
ssel	20		sets (Part X, line 16).		•		 	1,308,7			439,053
₹:	21		oilities (Part X, line 26)	•				49,7			84,489
N S				btract line 21 from line 2	<u>.0</u>	<u> </u>		1,258,9	<u> 343[</u>	<u>_1,:</u>	<u>354,564</u>
	art II		nature Block								
				ed this return, including accomp						,	
and	belief, it i	s true, corre	7	of preparer (other than officer) is	s based on all ii	nformation of	which prepa	arer has any knov	wledge		
Si	an	_		SSHUT				15-16	201		
He	-		Signature of office					Date			
		 	117								
			Type or print name and title	7							
_		Print/	Type preparer's name	Preparer's sign	nature /	_	Date	7 7		PTIN	
Pa	id	Larn	y D Rabin	Kan	1. L		_ 4/		eck X If	P01283210	n
Pr	eparer	-			W		- 17	Self-	f-employed	1 . 01203210	
Us	e Only	Firm's	s name ► Larry D Rai					Firm's EIN			
			s address > 7602 Churc	h St., Morton Grove, IL 6	30053			Phone no			
Ma	y the IF	RS discus	s this return with the pre	eparer shown above? (se	ee instructio	ns) .				X Yes	☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

36-2287522

Page 3

Checklist of Required Schedules Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 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, 5 Х 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 6 "Yes." complete Schedule D. Part I . . . Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . 11a . b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Х 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . 11d e 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 12a 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 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 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 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). . . . Х 17 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 . . 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

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		N/A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
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	Х	ŀ
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			İ
	employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u></u> -		<u> </u>
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		N/A
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		N/A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N/A
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		10/
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		×
L		25a		 ^-
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		i	,,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,	*	*
	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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l !		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ļ	
	conservation contributions? If "Yes," complete Schedule M	30		_ X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			ļ
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		N/A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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	1		ł
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O .	38	Х	L
			990	(2017)

American Chemical Society, Chicago Section
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V		<u>. </u>		<u>_</u>
			Ţ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	1	'		2 -
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	}	٧,	r Au
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>		2.4	, e
	gaming (gambling) winnings to prize winners?	1	c	Х	***
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	- 1	41	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	1	_ -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u> 3</u>	b		N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	J.	- }	- 1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				v
	account)?.	<u> </u>	a	,e2,~	X
b	If "Yes," enter the name of the foreign country	٠ ا د	1	12-1	reson
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts]			1
	(FBAR).	-	<u> </u>		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a b	\dashv	$\hat{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	c	\dashv	N/A
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-	+		19//
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	ءا	a	1	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	·	-	$\neg \dagger$	
D	gifts were not tax deductible?	6	ь		N/A
7	Organizations that may receive deductible contributions under section 170(c).	· -	<u>~</u>	-	2
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		.	Sic	
u	and services provided to the payor?	. 7	a	أحسات	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	b		N/A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		~		
_	required to file Form 8282?	7	'c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			1.5	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7	'e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	, <u>7</u>	'g		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-		'n		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	L ~			
	sponsoring organization have excess business holdings at any time during the year?		8		N/A
9	Sponsoring organizations maintaining donor advised funds.	· 4.	er de si		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9)a		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9	ь	A 200	N/A
10	Section 501(c)(7) organizations. Enter		131		
а	Initiation fees and capital contributions included on Part VIII, line 12	ُوْ: ئۇ: 			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] N/A	:			
11	Section 501(c)(12) organizations. Enter.		48		
а	Gross income from members or shareholders			SEASON IN	第 分)
b	Gross income from other sources (Do not net amounts due or paid to other sources	3. 5.7			
	against amounts due or received from them.)			4	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a ଜୁଲ୍ଲାର	es Pict	N/A
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b] N/A		200		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,,	~	3.00 P	FARE!
а	Is the organization licensed to issue qualified health plans in more than one state?	<u> 1</u>	3a		N/A
L	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which		ratio		
_	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand		1	OH]	X
l4a h	Did the organization receive any payments for indoor tanning services during the tax year?		4a 4b	\dashv	N/A
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		TV		14//7

				,
Pа	rt	V		ı

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b 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		1	Щ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 35	<u>i</u>	١,	.:
	If there are material differences in voting rights among members of the governing body, or	-		1,34
	If the governing body delegated broad authority to an executive committee or similar	پ		
	committee, explain in Schedule O.	- 4	7	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 35	4	, ,	5,7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ليبد
	any other officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		١.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_	 -	X
6	Did the organization have members or stockholders?	6_	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		 E \$2	7
_	the year by the following: The governing body?	8a	X	<u> </u>
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00	^	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
<u> </u>	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," 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's exempt	10b		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		N.	· ***
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b	<u> </u>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1	ł	ł
	describe in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	13	 	X
14	Did the organization have a written document retention and destruction policy?	14	545564	X
15	Did the process for determining compensation of the following persons include a review and approval by	,, s 4, 7		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	[5.65 V	
a	The organization's CEO, Executive Director, or top management official	15a	_X_	
b	Other officers or key employees of the organization	15b	18 A	X
16-	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	1	3.00	
Ioa	with a taxable entity during the year?	16a	200	X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	1 3 X4 11 M	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1.	くは間	- T
	the organization's exempt status with respect to such arrangements?	16b		N/A
Sect	ion C. Disclosure	1.00		1
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(d	:)(3)s	only)	
-	available for public inspection. Indicate how you made these available. Check all that apply.	,,-,-	-,,	
	X Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		, 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	. ▶		
	Gail Wilkening (847) 391-909			
	1400 Renaissance Drive, Ste 312, Park Ridge, IL 60068			

Form 990 (2017)	American Chemical Society, Chicago Section	36-2287522	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated	
	Employees, and Independent Contractors		-
	Check if Schedule O contains a response or note to any line in this Part VII		

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	rson Irect	than both services that both services Highest compensated	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Andrea Twiss-Brooks	1 00	4			'	1				
Director		X	<u> </u>		_		_	<u> </u>		
(2) Milt Levenberg	1 00	1]	ļ]]	ļ.,	J		
Trustee		X	_	<u> </u>	<u> </u>	Ļ		 _		
(3) Karı Stone	1 00	ſ	ļ		ļ	ļ	ļ	ļ		
Director		X	_	<u> </u>	_					
(4) Bill Hayward	1 00	1	l			l			1	
Director		X	_	<u>L</u>						
(5) Tim Martin	1 00	1		l	ł	ł	ł			le .
Director		X	L_	<u> </u>		<u> </u>				
(6) Joe Golab	1 00	1	l		Ì	İ	1	ł		u
Director		<u> </u>	_	<u>L</u>	<u> </u>	ļ	<u> </u>			
(7) Mark Kaiser	5.00	1	ĺ		ĺ	ĺ	[1	
Trustee		X		<u> </u>	<u> </u>	<u> </u>	_			
(8) Ken Fivizzani	1 00	1				ļ				
Trustee		X			_		L.			
(9) Josh Kurutz	1 00	1				ļ .				
Director		X	_				_			
(10) Kathryn Leach	1 00	1	Ì							
Director		X	L_		L_					
(11) Lou DeFilippi	1 00	1			İ			l		
Director		Х	<u> </u>		<u> </u>					
(12) Paul Brandt	1 00	'								
Director		_ X_		<u> </u>	L		_			
(13) Barbara Moriarty	1 00	1]			J]	j		
Director		X	ļ	L_	Щ.					
(14) Charles Cannon	1.00	1 1	1		,	}				
Director	<u> </u>	Х	L.,		<u> </u>			<u> </u>		

Form	990 (2017) American Chemical Society	, Chicago Section								36	-2287	7522	Page 8
, P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee									Employees	s (cor	ntınue	d)
	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe	erson firect	e than o	n an tee)		(E) Reportabl compensat	ion]	Est am	(F) imated ount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatic (W-2/1099-M	ns	comp fro orga and	nensation mensation m the inization related nizations
(15) Dire	David Crumrine	1 00	X										
(16)	Russell Johnson Chair	5 00	_		x								
(17)	Herbert Golinkin	5 00			X	Γ							
(18)	nptroller Rebecca Weiner	5 00	1	j				_					
(19)	retary Anthony Toussaint ir Elect	5.00			X X								
	Mary Jo Boldingh Chair				х								
	Susan Shih isurer	1			x								
(22) Cha	Fran Kravitz Ir	1			x								
<u>(23)</u>													
(24)											Ī		
(25)											_		
1b c	Sub-total . Total from continuation sheets to Part VI	I, Section A	•					>	0		0 0		0
<u>d</u> 2	Total (add lines 1b and 1c). Total number of individuals (including but no reportable compensation from the organization).				ove)) wh	no rec	eiv	red more than \$		0		0
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sc	director, or trusted			nplo	yee	, or h	igh	est compensate	d		3	Yes No
4	For any individual listed on line 1a, is the surthe organization and related organizations gindividual .											4	X
5	Did any person listed on line 1a receive or a for services rendered to the organization?	•							-	idividual		5	X
Sec	tion B. Independent Contractors		00110	<u> </u>	<u>.</u>	<u> </u>	<u></u>						
1	Complete this table for your five highest cor compensation from the organization. Report year											's tax	
	(A) Name and business a	address				-	_		(B) Description of se	rvices	c	(C) ompens	
Non	e				_	_							0
				_		_		<u> </u>					0
								├-					0
								-					0 0
2	Total number of independent contractors (in	-	nited	to th	nose	e lis	ted a	bov	ve) who received	ı	* * * *	*	

Form **990** (2017)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line				n this Part VIII		· · ·	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
"	1a	Federated campaigns	1a	_0		*	300 TO 100	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	29,640				
5 5	C	Fundraising events .	. 1c	0	· I	و مسور د م		
if A	ď	Related organizations	1d	47,961)r **	, , ,	
S, E	e	Government grants (contribution		0		4.3		
io is	f	All other contributions, gifts, grain				· , , , , ,	je 3 4 04 (
혈휡		similar amounts not included ab-		12,915				
벌	g	Noncash contributions included in li		811		* **		
उँ ह	h	Total. Add lines 1a-1f		>	90,516			
0				Business Code				
e E	2a	Chemical Bulletin		511190	5,700	5,700		
Ş.	ь				0		 	
<u>i</u>	С				0			
ě	ď				0			
E	е				0			
Program Service Revenue	f	All other program service revenu	ue		0			<u> </u>
ď	g	Total. Add lines 2a-2f	<u> </u>	<u>.</u> ▶	5,700	-	<u>, , , , , , , , , , , , , , , , , , , </u>	T _A
	3	Investment income (including direction other similar amounts)	vidends, interes 	t, and ▶	51,448	51,448		
	4	Income from investment of tax-e	exempt bond pro	ceeds >	0			
	5	Royalties		. 🍑	0			
			(ı) Real	(II) Personal		, ,		
	6a	Gross rents						
	b	Less rental expenses .	<u> </u>	<u> </u>	*	* *		
	C	Rental income or (loss) .	0				* **	
	d	Net rental income or (loss) .	<u> </u>		0			
	7a	Gross amount from sales of	(i) Securities	(II) Other	~		in the second second	
	1	assets other than inventory.	20,287	0	* , * * *			
	b	Less: cost or other basis						
		and sales expenses	20,250		no.			
	С	Gain or (loss)	37	0	27	37		
	d	Net gain or (loss)	•	<u></u>	37	31	e energy of the state	
đì				ļ				
Other Revenue	8a	•	0					
ķ	ļ	events (not including \$	10)	,	។ អ៊ុមិ ឃុំស្លឹ ។ កុរ			
8		of contributions reported on line See Part IV, line 18		0	100			
Ę	۱ ۲	Less direct expenses	. b		ر الله الله الله الله الله الله الله الل			
₹		Net income or (loss) from fundra)		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	C	Gross income from gaming activ			2 3 SPO H NO 20 E		5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section Section
	9a	See Part IV, line 19	· a	0				
	۱	Less direct expenses .	. a	0	4 + +	35.	,*	100
	b	Net income or (loss) from gamir			0	-		
	102	Gross sales of inventory, less	ig activities			*- *-	1 2	
	IVa	returns and allowances	а	l 0	-		,	
	ь	Less. cost of goods sold	. b	0	1	,		,
	l .	Net income or (loss) from sales			0		<u> </u>	
	- - -	Miscellaneous Revenue	or inventory	Business Code	<u>-</u>			·
	112	Meeting registrations		611430	12,014	12,014		
	b				12,511	T — — —		
	ءَ ا				0	 		
	ŏ	All other revenue			1,528	1,528		
	۾ ا	Total. Add lines 11a–11d.			13,542			s * * * * * * * * * * * * * * * * * * *
	12	Total revenue. See instructions	•	•	161 243		0	0

following SOP 98-2 (ASC 958-720)

Form 990 (2017) American Chemical Society, Chicago Section 36-2287522 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 19.000 19.000 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 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. 36,616 18,308 18,308 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits. ٥ 10 Payroll taxes 2.786 1,393 1,393 Fees for services (non-employees) 11 a Management b Legal 0 C Accounting 1,200 1,200 Lobbyina ol Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion ol Office expenses 2,961 13 987 987 987 Information technology 14 1.391 2,780 1,389 15 Royalties . 16 Occupancy. 13,271 3,981 8,626 664 17 Travel 27,696 27,696 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 21,975 19 17,580 4,395 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 1,906 1,906 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) a Printing and publications 3,296 3,296 Illinois State Fair Programs 3.536 3.536 Distinguished service & 50 Yr Member awards 596 596 All other expenses 350 350 Total functional expenses. Add lines 1 through 24e 137,969 70,068 66,250 1,651 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 **▶**

36-2287522

Part X Balance Sheet

		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		20,689	1	13,337
	2	Savings and temporary cash investments .	. Г	88,441	2	73,553
	3	Pledges and grants receivable, net .	Г	0	3	0
	4	Accounts receivable, net	. [978	4	978
	5	Loans and other receivables from current and former officers	directors.		,	
		trustees, key employees, and highest compensated employee			3.1 X	
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persons (as defined ur	nder section			*
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing el				
	{	sponsoring organizations of section 501(c)(9) voluntary employees' benefic				
ध	1	organizations (see instructions). Complete Part II of Schedule L		0	6	
Assets	7	Notes and loans receivable, net	<u> </u>	0	7	0
As	8	Inventories for sale or use	` -	8,028	8	4,014
	9	Prepaid expenses and deferred charges .	· · ·	998		1,298
	10a	Land, buildings, and equipment cost or			ato "	, , , , , ,
		other basis Complete Part VI of Schedule D 10a	ام			* * * * * * * * * * * * * * * * * * * *
	b	Less accumulated depreciation . 10b	- 0	0	10c	0
	11	Investments—publicly traded securities		1,189,606		1,345,873
	12	Investments—other securities See Part IV, line 11	-	0	12	1,010,010
	13	Investments—program-related. See Part IV, line 11	·	0	13	0
	14	Intangible assets	-	0	14	0
	15	Other assets See Part IV, line 11	· · ·	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	`	1,308,740	16	1,439,053
	17	Accounts payable and accrued expenses .		3,280		2,422
	18	Grants payable .	· . · F	46,517	18	82,067
	19	Deferred revenue	–	0	19	
	20	Tax-exempt bond liabilities .		0		
	21	Escrow or custodial account liability Complete Part IV of Sch	edule D		21	
Ś	22	Loans and other payables to current and former officers, dire		,	,	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Liabilities		trustees, key employees, highest compensated employees, a		,		المُنْ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ ا
Ē		disqualified persons Complete Part II of Schedule L		0	22	
Ë	23	Secured mortgages and notes payable to unrelated third part	ies	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	-	0	24	0
	25	Other liabilities (including federal income tax, payables to rela	ted third			
		parties, and other liabilities not included on lines 17-24). Com	plete			
	l	Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25.		49,797	26_	84,489
	}	Organizations that follow SFAS 117 (ASC 958), check her	e▶ and	,	- 1	
es		complete lines 27 through 29, and lines 33 and 34.		,	, ~ .	**************************************
2	27	Unrestricted net assets	ļ	0	27	<u></u>
<u> a </u>	28	Temporarily restricted net assets	· ,	0	28	
8	29	Permanently restricted net assets	·	0	29	
or Fund Balances		•	- W		`	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here	► X and		*	*,
S)		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	. ∙	228,257	30	249,051
As	31	Paid-in or capital surplus, or land, building, or equipment fund		4 000 000	31	4 405 710
Net Assets	32	Retained earnings, endowment, accumulated income, or other		1,030,686	32	1,105,513
2	33	Total liabilities and not assets/fund balances		1,258,943		1,354,564
	34	Total liabilities and net assets/fund balances		1,308,740	ა4	1,439,053

Form 9	990 (2017) American Chemical Society, Chicago Section	36-22875	22 Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	1,243
2	Total expenses (must equal Part IX, column (A), line 25) .	2	13	7,969
3	Revenue less expenses Subtract line 2 from line 1	3	2	3,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,258	3,9 <u>43</u>
5	Net unrealized gains (losses) on investments	5	72	<u>2,347</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule 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	1,354	4 <u>,564</u>
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	•	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	1 12		
		<u>-</u>		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	**	b	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of 🛅		逐
	the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	. 2	c .	N/A
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		ia	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	[3	ь [_	N/A
			orm 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 201

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization	ame of the organization Employer identification number									
American Chemical Society, Chicago					36-228	87522				
Part I Reason for Public C										
The organization is not a private for 1 A church, convention of cl										
2 A school described in sec	<i>,</i>									
=						•				
3 A hospital or a cooperative	•				·	Enter the				
4 A medical research organi hospital's name, city, and	state	· 	. 							
5 An organization operated section 170(b)(1)(A)(iv).	for the benefit of a colle (Complete Part II)	ge or university owner	d or opera	ited by a g	governmental unit de	escribed in				
6 A federal, state, or local g	overnment or governme	ental unit described in	section 1	70(b)(1)(A)(v).					
7 An organization that norm described in section 170(rom a gov	rernmenta	I unit or from the ge	neral public				
8 A community trust describ	ed in section 170(b)(1))(A)(vi). (Complete Pa	rt II)							
9 An agricultural research or university or a non-land university.	rganization described ir -grant college of agricu	n section 170(b)(1)(A) Iture (see instructions)	(ix) opera . Enter the	ted in con e name, c	ijunction with a land ity, and state of the	-grant college college or				
10 X An organization that norm receipts from activities relassing support from gross investi										
11 An organization organized	and operated exclusive	ely to test for public sa	fety. See	section (509(a)(4).					
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g										
a Type I. A supporting or the supported organiza organization. You mus	tion(s) the power to reg	ularly appoint or elect								
b Type II. A supporting o control or management organization(s) You m	of the supporting organ	nization vested in the								
c Type III functionally in its supported organizat						tegrated with,				
d Type III non-functional that is not functionally a requirement (see instru	Illy integrated. A support ntegrated The organiza	orting organization ope ation generally must sa	erated in catisfy a dis	connection stribution i	with its supported requirement and an					
e Check this box if the or	ganization received a w	ritten determination fr	om the IR	S that it is	a Type I, Type II, T	ype III				
functionally integrated,		ally integrated suppor	tıng orgar	ization.						
f Enter the number of suppo			•			. [0				
g Provide the following inform (i) Name of supported organization	nation about the suppo (ii) EIN	rted organization(s) (iii) Type of organization	(IV) Is the c	organization	(v) Amount of monetary	(vi) Amount of				
(,,		(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?		other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)				<u> </u>						
,				 	<u> </u>					

•	•						
_		Chemical Societ				36-228752	22 Page 2
Pa	(Complete only if you checke Part III If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify un-	der
Sec	ction A. Public Support	no to quality art	der are teete in	otou polott, pici	ade demplete i	<u>uit iii j</u>	
	ndar 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")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	C	0	/ 0	0	0
5	The portion of total contributions by	,				The state of the s	
	each person (other than a		in the stage		以 / 建筑		
	governmental unit or publicly	8 4 A	gar rain of the grant	, .	1 1 34 3		
	supported organization) included on	- "				The second secon	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6		, , ,	`			A STATE OF THE STA	0
	ction B. Total Support		, 		, 	, - , - , - , -, -, -, -, -, -, -, -, -,	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	. 0	O	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10			, ,	7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0
12	Gross receipts from related activities, etc. (se	ee,instructions)			·	12	<u> </u>
	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, s		h, or fifth tax year a	as a section 501(c)		▶□
Sec	tion C. Computation of Public Sur	port Percenta	ige				
4.4	Dublic comment appropriate to 50047 (for 6	ala 46 ala 1 to		(0)		1 44 1	0.000/

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))
15	Public support percentage from 2016 Schedule A, Part II, line 14

[[4	0.00%
15	0 00%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization

1	5			0.00%
check t	his bo	ox		

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if/the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar 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 ")	87,433	88,703	89,624	95,327	90,517	451,604
2	Gross receipts from admissions, merchandise	1			İ		
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose	29,553	25,970	22,431	23,112	19,242	120,308
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's		-			i	
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	116,986	114,673	112,055	118,439	_109,759	571,912
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	<u> </u>					0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	·		1		l.	
	persons that exceed the greater of \$5,000	İ	Î			ļ	
	or 1% of the amount on line 13 for the year .	}					0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		e f		,	The second of th	
	line 6)						571,912
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	116,986	114,673	112,055	118,439	109,759	571,912
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	51,461	57,656	61,593	50,429	51,448	272,587
b	Unrelated business taxable income (less						1
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1	ĺ			1	0
С	Add lines 10a and 10b	51,461	57,656	61,593	50,429	51,448	272,587
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						О
12	Other income Do not include gain or						,
-	loss from the sale of capital assets	[Í				
	(Explain in Part VI)	į.			1		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	168,447	172,329	173,648	168,868	161,207	844,499
14	First five years. If the Form 990 is for the oil			n, or fifth tax year a	is a section 501(c)		
	organization, check this box and stop here						▶
Sec	ction C. Computation of Public Su	port Percenta	ge				
15	Public support percentage for 2017 (line 8, c			(f))		15	67 72%
16	Public support percentage from 2016 Sched		•			16	67 80%
	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line			olumn (f))		17	32 28%
18	Investment income percentage from 2016 S		=			18	32.20%
	33 1/3% support tests—2017. If the organic			4, and line 15 is mi	ore than 33 1/3%		
	not more than 33 1/3%, check this box and						► X
b	33 1/3% support tests—2016. If the organiz						
	line 18 is not more than 33 1/3%, check this						▶ [_
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b. check this box a	ind see instruction	s	▶ſ

Supporting Organizations Part IV

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

Section A. All Su	pporting Organization	ons
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	144		100
	below, the governing body of a supported organization?	11a	├	├
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (b) or (b) above? If "You" to a, b, or a provide detail in Part VI	11b 11c	-	├
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	1110	<u> </u>	Ь
Occi	on B. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	74.55	13	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	-	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	· .		
	controlled the organization's activities If the organization had more than one supported organization,	1.0%	31.0	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		1.7
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	() # PW-2	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	27 kg	4.5	*
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, , ,	\$30 m	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		300	4
Casti	supervised, or controlled the supporting organization	2		<u>L</u>
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
ı	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		The Live	
	or management of the supporting organization was vested in the same persons that controlled or managed	1-3	1	
	the supported organization(s)	1	<u> </u>	-
Secti	on D. All Type III Supporting Organizations			
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			13
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			Andrew .
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		- 76	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	regist ×	i Asgri
3	By reason of the relationship described in (2), did the organization's supported organizations have a		7.00	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	2	, *\$1.00 BC	84.8 S.
Secti	on E. Type III Functionally Integrated Supporting Organizations] 3	<u></u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netruc	tions	
' a	The organization satisfied the Activities Test Complete line 2 below	isuuc	aons	<i>)</i> .
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see in	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	12 3		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1000	155-75 185-75
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		y 1881	1-3 19:0
_	that these activities constituted substantially all of its activities	2a	- JAP	S agricine
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	* .		\$ 20.5
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	- 4	100	
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
•	activities but for the organization's involvement	2b	上海教徒	Eggl.
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	18		25
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1175	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	20 , 21 % gs.	3
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	***	

instructions).

<u>gan</u>	izations		
nıza	tions must complete Section		
}	(A) Prior Year	(B) Current Year	
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity	 _ 					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6			0			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2017 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0 000			
		(:)	(ii)	(iii)			
Se	ction E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable			
	·	Excess Distributions	Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6			0			
	Underdistributions, if any, for years prior to 2017						
2	(reasonable cause required—explain in Part VI) See	* * *					
	instructions	- 1 2 2 2 2 2					
3	Excess distributions carryover, if any, to 2017	43.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
a		THE PROPERTY SECTION	2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOME THE STATE OF			
b	From 2013 . 0	* .					
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d	From 2015		4、11分,种的原则	() (1000) (1000) (1000) (1000)			
 _	From 2016	* **		A CALL TO MAKE			
	Total of lines 3a through e	0					
<u>.</u>	Applied to underdistributions of prior years		0				
	Applied to 2017 distributable amount		त्र क्षेत्रक्षेत्रको	0			
	Carryover from 2012 not applied (see instructions)	A 18 4 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
<u>—</u> ;	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		Farm streets.			
4	Distributions for 2017 from			A. A. MORE SHOW AND THE			
•	Section D, line 7 \$ 0						
a	Applied to underdistributions of prior years	1,1-1,514	0	AND THE PROPERTY OF THE PARTY O			
	Applied to 2017 distributable amount			0			
	Remainder Subtract lines 4a and 4b from 4	0		STATE OF BANKSHIPS			
_ _	Remaining underdistributions for years prior to 2017, if	10 Tag 1 A 12					
J	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		n				
6	Remaining underdistributions for 2017 Subtract lines 3h	The state of the s		The transfer of the second sec			
J	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions	I was carried		_			
7	Excess distributions carryover to 2018. Add lines 3	1					
'	•	_					
8	and 4c Breakdown of line 7	- U	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	V and The land of the land of the land			
		र स्ट रहररास्त्रहरू राष्ट्र ह	ACTOR OF THE PROPERTY OF	APPENDING TO THE PERSON OF THE			
<u>a</u>	Excess from 2013	The state of the s	THE CONTRACTOR TO SE				
<u>b</u>	Excess from 2014 0	THE T THE MET MENT AND A STORY TO	2017 C 20				
<u>c</u>	Excess from 2015	3 V 3/93	THE TAX TO A CONTROL OF THE PARTY OF THE PAR	CALCARA PARA ARRAMANA Lat viente de la Arramana			
d_	Excess from 2016	·	2 2 5 5 4 mg	文 等,一 《 程代版》 《写明》文化 《 图像模型》			
е	Excess from 2017			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Schedule A (Fo	orm 990 or 990-EZ) 2017	American Chemical	Society, Chicago	o Section	36-2287522	Page 8
Part VI	III, line 12; Part IV, Se	nation. Provide the ection A, lines 1, 2, 3	explanations requ b, 3c, 4b, 4c, 5a,	uıred by Part II, line 1 6, 9a, 9b, 9c, 11a, 1	0, Part II, line 17a or 17b, Part 1b, and 11c, Part IV, Section t IV, Section E, lines 1c, 2a, 2b,	
	3a, and 3b, Part V, lin	e 1, Part V, Section	B, line 1e; Part \	/, Section D, lines 5,	6, and 8, and Part V, Section E,	
	lines 2, 5, and 6 Also	complete this part for	or any additional	information (See ins	tructions)	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

latest information.
for the
www.irs.gov/Form990
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OMB No 1545-0047

Employer identification number

X Yes (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 36-2287522 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant the selection criteria used to award the grants or assistance?. General Information on Grants and Assistance (c) IRC section if applicable American Chemical Society, Chicago Section (p) EIN 1 (a) Name and address of organization or government Part Part II

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Schedule I (Form 990) (2017)	38	90.	ce, see the Instructions for Form 9	For Paperwork Reduction Act Notice, see the Instructions for Form 990
0		ble.	Enter total number of other organizations listed in the line 1 ta	3 Enter total number of other
		Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	on 501(c)(3) and government org	2 Enter total number of section
				(12)
				(11)
			:	

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Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 4,000 500 14,500 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Teacher Awards Project SEED Scholarships Part IV Part III

SCHEDULE 0 (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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

American Chemical Society, Chicago Section	36-2287522
Form990, PartIII, Line4d Illinois State Fair Program Expenses 20,560	Revenues 13,844
The Organization sponsors a booth at the Illinois State Fair with other Illinois Sections to commun	nicate the importance of chemistry
ın our lives and to spark interest of young children in chemistry	
Form 990, Part III, Line 4d Distinguished Service Award Expenses 1,107 Grants	226 Revenues 124
The Distinguished Service Award and the 50/60 Year Member Awards are presented to individuals	in the chemical community to
recognize the accomplishments and service in promoting the field of chemistry and the scientific	community
Form 990, Part III, Line 4d High School Education Program Expenses: 305 Revenu	es 34
This program is intended to increase the awareness of and attract high school students to the fiel	d of chemistry
Form 990, Part III, Line 4d Willard Gibbs Medal Award Committee Expenses 19,075 Rever	nues 6,666
Committee designated with the selection of, banquet planning ane presentation of this distinguish	ned award
Form 990, Part III, Line 4d Ipatieff Endowment Fund Expenses 1,603 Grant	s 863 Revenues 863
The Organization contributes 100% of the earnings of the Ipatieff Endowment Fund for the year er	nded December 31, 2017 to the
John Crerar Library at the University of Chicago The grant is used to purchse books and technic	al publications in the field of chemistry
Form 990, Part VI, Section B, Line 11b The form is completed by a CPA from the books, records	and documents of the organization
The completed Form 990 is reviewed by the Comptroller and Chair of the organization	
Form 990, Part VI, Secton B, Line 15a. The compensation of the Office Manager is determined by	the Board of Directors after a review by
the Chair of the Office Affairs Committee A review of comparable data for non-profit organization	ns in the Chicago area is also completed
Form 990, Part VI, Section C, Line 19 The organization's information is available to the public at t	he offices fo the organization
upon request	
