

Fórm 990

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 2017

Dep	artment of the	he Treasury e Service	4		ov/Form990 for			-		-	•	Inspection			
A			ndar year, or tax yea		January			and end		Decem	ber 31	, 2017			
B			C Name of organization									er identification number			
Ā.	Address cl	``	Doing business as									526055670			
Ħ.	Name cha	· · · · · ·	Number and street (or	PO box if ma	al is not delivered	to street a	ddress)	Room/s	surte	- 1	E Telephone number				
$\bar{\Box}$	Initial retur	· I	2684-6 Hibiscu				•	{			•	9375723176			
$\overline{\Box}$	Final return		City or town, state or		try, and ZIP or for	eign posta	code	<u> </u>	~	\neg					
$\bar{\Box}$	Amended		Beavercreek, OH 45		•	V F				- 4,	G Gross re	ceipte \$			
$\overline{\Box}$	Application		F Name and address of	orincipal office	r:				H(a) h			subordinates? Yes W No			
_	- фрсас.	poog	Prof. Melissa Grunia					6)				included? Wes No			
$\overline{}$	Tax-exem	ot status	✓ 501(c)(3)	501(c) () ◀ (insert	no.) [] 49	947(a)(1) or	527	/ '''''			list. (see Instructions)			
j	Website:		s://pmse.sites.acs.org			<u>,</u>	2	<u></u>	H(c)	Group e	exemption	number ▶			
K	Form of org	ganization [Corporation Trust	Associat	tion ☐ Other ▶		L Ye	ar of form				of legal domicile			
P	art I	Summ	ary				,								
	1 E	3riefly de	scribe the organiza	ition's missi	ion or most sig	gnificant	activities:	provi	de a forur	n to ex	change te	echnical information			
8			er interactions in												
Ē			s to create the premie												
Activities & Governance	2	Check thi	s box ▶☐ if the or	ganızatıon (discontinued i	ts opera	tions or di	sposed	of more	than	25% of	its net assets.			
õ	3 1	Number o	of voting members	of the gove	rning body (Pa	art VI, lin	e 1a)				3	56			
ď	4 1	Number o	of independent voti	ng member	s of the gover	ning boo	ly (Part VI	, line 1b	o)		4	56			
ţį	5 T	Fotal num	nber of individuals	employed in	n calendar yea	r 2017 (F	art V, line	e 2a)			5	0			
≨	6 7	Fotal num	nber of volunteers (estimate if r	necessary) .	. : .					6	56			
Ą	7a T	Fotal unre	elated business rev	enue from f	Part VIII, colun	nn (C), lia	ne 12 .				7a				
	b N	Net unrel	ated business taxa	ble income	from Form 99	0-T, lıne	34		<u> </u>		7b				
	1		ributions and grants (Part VIII, line 1h)									Current Year			
٥	8 (Contribut										215417			
E P	9 P	rogram	service revenue (Pa	art VIII, line :	2g)						1	1577			
Revenue	10 li	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)									50000			
-	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									0			
			nue-add lines 8 th									266994			
	1	Grants ar	nd sımilar amounts	paid (Part I)	X, column (A),	lines 1-	3)					113988			
	•	-	oaid to or for memb			•						0			
es	1		other compensation,					•				20000			
Expenses			nal fundraising fees									0			
ě			draising expenses (<u> </u>						
щ	17 (Other exp	penses (Part IX, col	umn (A), line	es 11a-11d, 1	1f-24e)			<u> </u>			118696			
	18 T	rotal exp	enses. Add lines 13	3–17 (must o	equal Part IX,	column	(A), line 2	FCF	VED.]	252684			
		Revenue	less expenses. Sut	otract line 1	8 from line 12					-, ()		14310			
S OF							0 ,,	.		-	rent Year	End of Year			
Seet	20 T		ets (Part X, line 16)				₩ . A	7K 23 1	2018	10	1643140	1839310			
Net Assets Fund Balan	21 T		ilities (Part X, line 2	•						1 (2)					
_			s or fund balances	. Subtract li	ne 21 from lin	e 20 .	O	GDFI	4 117		!				
_	art II		ure Block						· · ·		J				
			ry, I declare that I have e ete Declaration of prega									ny knowledge and belief, it is			
				2							777	7// 57 34			
Sig	ın l	Sign	ature of officer							Dat	<u> 477</u>	10 03,201			
He		Signa	ロューイン	4	BUNN	11450	` -	TOD	- ASI/	RE	' 2	937-572-3176			
		Type	or print name and title		1201010	1100		1	<u> </u>	100		177 716 711			
_		'	oe preparer's name		Preparer's signat	ure			Date		 -	PTIN			
Pa		1			Jp. Joi J Signat	•		{	_u.u		Check (self-emp) "			
	eparer				L					7_		лоува			
Us	e Only									7	's EIN ▶				
Ma	v the IRS		ddress ► s this return with the	e preparer s	shown above?	(see inc	tructions)] Phor	ne no	Yes No			
			ction Act Notice, see				00110113)		No. 11000	· ·	· · · ·	Form 990 (2017)			
. 01	· abel MC	J. K. 11000	,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and ochara	เอ เทอน นับแบที่ได้	•		cat	No 11282	: 1		1 5/11 555 (2017)			

Form 990	(2017)	Page 2
Part I		
1	Check if Schedule O contains a response or note to any line in this Part III	
2]Yes ☑ No
3	·]Yes ☑No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$ 119163) (Revenue \$)
	organize and host polymer related symposia at smi-annual ACS national meetings. Expenses included speaker fees and trave guest registrations, and speaker fees.	per diems,
4b	(Code:) (Expenses \$ including grants of \$ 44346) (Revenue \$)
	collaborations to the chemitry community to advance our mission through grants to support polymer-related programming at international meetings not affiliated with semi-annual ACS National meetings, award porgrams for polymer scientists and support for advancing education in polymer science	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/(Comparison of	·/ ·
	Other program conject (Decaribe in Schodule O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 163509	

Form 99	o (2017)		F	age 3
Part	V Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	•	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	*	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	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? If "Yes," complete Schedule C, Part II	4		•
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 98-197 If "Yes," complete Schedule C, Part III	5		•
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		
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	-	,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		•
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		•
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		•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		•
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		~
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	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		~
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		
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			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19	000	1/2013

Part	Checklist of Required Schedules (continued)			
	Diddle and the control of the contro	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21	•	*
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		~
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		,
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 to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		4
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		•
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		•
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		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		,
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	•	

Part		•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4.	Eliate of manufaction products, appearing to the first of		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Γ	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		4
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	Į		
	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).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	i		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		1
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		-
	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ.,	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	<u> </u>	/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		<u> </u>
۵	sponsoring organization have excess business holdings at any time during the year?	8		1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\overline{}$	1
10	Section 501(c)(7) organizations. Enter:			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
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:	ļ	1	Į.
a	Gross income from members or shareholders	1	Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ļ	
40-	against amounts due or received from them.)		 	
12a b	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 12b	12a	├	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\vdash \neg$	1
a	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			1
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand		<u>L_</u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	_	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.
Secti	on 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 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.			; ,
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 56 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		•
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	1
6	Did the organization have members or stockholders?	6	1	
7a	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?	7a		•
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b_	•	
8.	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
а	The governing body?	8a_	1	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		l 1
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	•	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	1.0
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		~
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	•
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		~
13	Did the organization have a written whistleblower policy?	13	-	~
14	Did the organization have a written document retention and destruction policy?	14	-	1
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?	-		
а	The organization's CEO, Executive Director, or top management official	15a	1	
ь	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	trace of	•
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	☐ 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 int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Timothy J. Bunning, Treasurer, 2684-6 Hibiscus Way, Beavercreek, OH 45431 937-572-3176 note form 8852 filed March 20		; ▶	

Form	agan	(2017)	

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

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	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	Po do not check ox, unless p officer and a officer and a officer and a			e than o is both or/trust	an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key emptoyee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Charı - Dr. Christopher Soles	2			•				0	0	0
(2) Chair-elect - Prof Melissa Grunlan	2			,				0	0	0
(3) Vice Chair - Dr Matthew Becker	2			~				0	0	0
(4) Secretary - Prof Eva Harth	2			•				0	0	0
(5) Treasurer - Dr Timothy J Bunning	3			•		_		0	0	0
(6) Past Chair - Dr. Qinghuang Ln	1			مدا				0	0	0
.(7)				Ť						
(8)					-					
(9)							-			
(10)	<u> </u>									
(11)							-			
(12)	ļ									
(13)							-			
(14)	 	-				-				1

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (con	tinued)		
	(A) Name and title		box,	ınles	Pos neck ss pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation fro	(F) Estimated om amount of		
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC) (other ompensa from the organizate and relate organizate	e tion ted
(15)								-					
(16)					-						1		
(17)					-			_				_	
(18)										- <u>-</u>	-		
(19)						ļ					 	-	
(20)						<u> </u>							 .
(21)											-		
(22)													
(23)						-							
(24)				_				-		<u> </u>			
(25)						-		-				_	
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)			· ·	· ·			> > >	0 0		0 0		0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,	000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compens	_	3	es No
4	For any individual listed on line 1a, is the organization and related organizations individual										uch	4	4
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	⊢	5	•
	on B. Independent Contractors			_					- 11 - 1		100.00		
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
(A) (B) Name and business address Description of services								services	Com	(C) pensatio	on		
Eileen	Ernst, 20 Lawton Road, Bridgewater, NJ 08807							ev	ent planning and	logistics			20000
								F					
								L					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶								ove) who			<u> </u>		

Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule C	ocontains a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections					
ts ts	1a	Federated campaigns	s 1a			revenue		512-514					
E Ž	ь	Membership dues .		111122	Į			1					
چ <u>ت</u>	С	Fundraising events .											
iffts ar A	d	Related organizations		f ([
S E	e	Government grants (cor		 	ł		ì	1					
ig is	1	All other contributions, g		;	į								
五星		and similar amounts not inc	cluded above 1f	104295	j								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	ded in lines 1a-1f: \$	<u>'</u>				}					
ડું દૂ	h	Total. Add lines 1a-1	lf	•	215417			}					
				Business Code									
Ę.	2a	income for publication		900099	1577								
æ	b												
<u>.8</u>	С												
Sea	d												
E	е												
Program Service Revenue	f	All other program ser	vice revenue .				Ĺ	<u> </u>					
4	g	Total. Add lines 2a-2	<u>2f</u>	<u> </u>	1577		, 						
	3	Investment income	•				}						
		and other similar amo	•	•	50000			 -					
	4	Income from investmen	•	'				ļ					
	5	Royalties	(i) Real	(II) Personal				 					
		0	(i) near	(II) Personal			}						
	6a	Gross rents	<u> </u>	 			ļ						
	b	Less: rental expenses		{			[{					
	d	Rental income or (loss) Net rental income or	(1000)				ł	 					
	7a	Gross amount from sales of	(i) Securities	(ii) Other			 	 					
	' "	assets other than inventory	(7 000	(", "	1								
	ь	Less cost or other basis	<u> </u>		ĺ								
	1	and sales expenses .			Ì		1						
	С	Gain or (loss)			1		1	ļ					
	d	Net gain or (loss) .					1						
_		• • •						Ţ <u></u>					
/enne	8a	Gross income from for	undraising	1	Ì		4	İ					
		events (not including \$		1			ļ	1					
Other Re	ļ	of contributions report	•				ļ						
Ē		·	· · · · · a	·									
₹	I	Less: direct expense											
		Net income or (loss)		events . ▶				 					
	ya	Gross income from gase Part IV, line 19 .					1						
							}						
	l	Less: direct expense: Net income or (loss)					 						
	102	Gross sales of in		ivities P			 						
		returns and allowance)						
	Ь	Less: cost of goods s	-	` 	Ì			1					
	c	· · · · · · · · · · · · · · · · · · ·					·						
	ΙŤ	Miscellaneous F		Business Code				†					
	11a												
	ь												
	С												
	d	All other revenue .											
	е	Total. Add lines 11a-					<u> </u>	 					
	12	Total revenue. See i	instructions	•	266994		1	1					

	Part IX Statement of Functional Expenses 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									
	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	26400	26400		!					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	87588	87588							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				! ! !					
4 5	Benefits paid to or for members 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 8	Other salaries and wages									
9	Other employee benefits									
10 11	Payroll taxes									
··· a	Management	20000		20000						
b	Legal									
C	Accounting									
d	Lobbying									
e f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	8303		8303						
13	Office expenses	3650		3650						
14 15	Information technology									
16	Occupancy									
17	Travel	10189		10189						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	44346	44346							
20 21	Interest	42134	42134							
22	Depreciation, depletion, and amortization .	42134	42134							
23	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				, <u></u>					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	nat meeting expenses	10074		10074						
b										
c d		 								
e	All other expenses	<u> </u>								
25	Total functional expenses. Add lines 1 through 24e	252684	200468	52216						
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)									

Form **990** (2017)

Ľ	art X				
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
		1	(A) Beginning of year	}	(B) End of year
	1	Cash-non-interest-bearing	41825	1	57013
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ın		organizations (see instructions). Complete Part II of Schedule L	-	6	
ě	7	Notes and loans receivable, net		7	L
Assets	7 8	Inventories for sale or use		8	
•	9			9	
	10a	Prepaid expenses and deferred charges	<u></u>	9	
		other basis. Complete Part VI of Schedule D		L	
	b	Less: accumulated depreciation 10b		10c	1700000
	11	Investments—publicly traded securities	1601315		1782300
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	/ 1643140	<u> </u>	1839313
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	├ ── <i>┊</i>
	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			
ab		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			1
		of Schedule D	1	25	
	26	Total liabilities. Add lines 17 through 25	9	26	
es _		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ę	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Õ	20	· · · · · · · · · · · · · · · · · · ·		20	
iet	30	Capital stock or trust principal, or current funds	N N	30	
455	31 32	Paid-in or capital surplus, or land, building, or equipment fund		32	
ë	33	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances		33	
Ž	34	Total liabilities and net assets/fund balances		34	1939314
	J-4	TOTAL REQUIRES AND HELESSELS/IUND DAIANCES		بدر	ווו (כ"ד על כ"ד ווו

orm 9s				Pa	age LZ
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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			
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			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting Method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			3	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 21	b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	1	1
	separate basis, consolidated basis, or both:		- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			_	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			1	1
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u> </u>	↓ ,
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in		
	Schedule O.		.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth			1
_	the Single Audit Act and OMB Circular A-133?		· 3	а	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits are also and the control of the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3	<u> </u>	Щ_
			F	orm 99 (J (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.

• Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

American Chemical Society - PMSE Division

Employer identification number

<u> 52.060556</u>7

526055670

Par	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this pa	art.) See instructio	ns.	
The o	organ	ization is not a private founda							
1		church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	D(b)(1)(A)(i).		
2		school described in section	170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990	or 990-E2	2).) (1) "	
3		hospital or a cooperative hos					•		
4		medical research organization						iii). Ent	er the
•	_	ospital's name, city, and state	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,.	
5		n organization operated for tection 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	d by a government	ai unit	described in
6		federal, state, or local govern	· ·	mantal unit dagarihad	in coeffe	n 170/h)	(4\/A\/ ₆)		
7		n organization that normally escribed in section 170(b)(1)	receives a subst	tantial part of its supp				the ge	eneral public
8		community trust described in	section 170(b)	(1)(A)(vi), (Complete F	art II.)				
9		n agricultural research organi				erated in	conjunction with a la	and-ars	nt college
	o u	r university or a non-land-grainiversity:	nt college of agri	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the col	lege or
10	₽ A	n organization that normally r	eceives: (1) more	e than 331/3% of its su	ipport fro	m contrib	outions, membership	fees,	and gross
	re	eceipts from activities related	to its exempt fur	nctions—subject to co	ertain exc	eptions,	and (2) no more than	1 331/39	% of its
	S	upport from gross investment cquired by the organization a	income and uni fter lune 30-197	elated business taxat '5 See section 509 (a	ole incom	ie (less se nnlete Pa	ection of reax) from	Dusine	sses
11		n organization organized and	•	•		•	•		
12		_	•		-			n, out t	ha nurnasas
12		n organization organized and f one or more publicly suppo							
		heck the box in lines 12a thro							
	_	_	•	• • • • • • • • • • • • • • • • • • • •		_	· ·		
а	L	Type I. A supporting organ							
		the supported organization					he directors or trust	ees of t	he
		supporting organization. Yo	-	•					
b] Type II. A supporting organ							
		control or management of	he supporting o	rganization vested in	the same	persons	that control or man	age the	supported
		organization(s). You must	complete Part I	V, Sections A and C.	1				
С		Type III functionally integ	rated. A support	ing organization oper	ated in c	onnection	n with, and functions	ıllv inte	grated with,
_		its supported organization(•	,
d		Type III non-functionally i	•					rted or	nanization(s)
•		that is not functionally integ	reted The organ	pporting organization nization deperally mus	operatet vitetre te	a dietrihi	schon which his supply	d an at	ganization(s) tentiveness
		requirement (see instruction						u an at	terriveriess
	_	,	•	•					
е		Check this box if the organ						e II, Typ	e III
_		functionally integrated, or 1	• •	tionally integrated sur	oporting (organizat	ion.		
T		er the number of supported of							
<u>g</u>	Pro	ovide the following information	about the supp	orted organization(s).	<u> </u>				
	(ī) Na	me of supported organization	(ii) EIN	(iii) Type of organization		rganization ur governing	(v) Amount of monetary		Amount of
				(described on lines 1–10 above (see instructions))		ment?	support (see instructions)		support (see structions)
				45515 (666 med 25mem),			,		,
					Yes	No			
(A)								ı	
(B)									
(0)									
(C)									
						L			
(D)						!			
 /						ļ <u>.</u>			
(E)						[
	.—				 	<u> </u>			
Tota	J.				j	1	1	_	

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi	<u> </u>
	(Complete only if you checked t	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	1 1 2 2 2 2			10000	1 1 2017	
_	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.")						
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			arta maraita, es. 12. 3	, Total Salar Salar salar	A POST SECURIO	· · · · · · · · · · · · · · · · · · ·
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	語、観い観い			The Table of	· 一	
	on B. Total Support			<u>, </u>			
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	<u> </u>	/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	f	/			ļ	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	,	•	· · · · · · · · · · · · · · · · · · ·		12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop be	- /					on 501(c)(3)
Section	organization, check this box and stop he			· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	
<u>Secti</u>	on C. Computation of Public Support Public Support percentage for 2017 (line			1 column (f)	-	14	%
15	Public support percentage for 2017 (fine Public support percentage from 2016 Sc	/	•	1		15	
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
þ	331/3% support test—2016. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst cumstances" te	ances" test, cl est. The organi	heck this box izatıon qualifie	and stop here s as a publicly	. Explain ın
b	15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the meets the	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	supported organization Private foundation. If the organization dinstructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	see

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

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

Secti	on A. Public Support	drider the tes	sta liated Deit	w, please co	inpiete i ait i	·· <i>j</i>	
	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						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	176255	188057	171354	171634	215417	922717
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2190	23663	3020	1550	1500	31923
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	178445	211720	174374	173184	216917	954640
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						954640
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	178445	211720	174374	173184	216917	954640
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	o	0	13000	20000	50000	83000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	13000	20000	50000	83000
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0					0
12	Other income. Do not include gain or		0	0	0	0	-
12	loss from the sale of capital assets	ŀ	1				
	(Explain in Part VI.)	17190	4348	9144	11597	4484	46763
13	Total support. (Add lines 9, 10c, 11, and 12.)	195635	216068	196518	204781	271401	1084403
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye		
Sacti	organization, check this box and stop her on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3 column (f)		15	88 %
16	Public support percentage from 2016 Sch		•			16	88 %
	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · · 	· · · · ·		
17	Investment income percentage for 2017 (y line 13, colur	nn (f))	17	7 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	3.8 %
19a	331/3% support tests-2017. If the organi						_
	17 is not more than 331/3%, check this box		=	-		=	
b	331/a% support tests—2016. If the organize line 18 is not more than 331/a%, check this be						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
		لــــا	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
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).	4c		
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?	5a 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	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 .	9b		-
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.	9c		-
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			
ь	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	10a	+-	┼
ט	determine whether the organization had excess business holdings.)	10b	 	-

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Secti</u>	on B. Type I Supporting Organizations		120-	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Yes	NO
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	L	Ь
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
J	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.			
Coati		3	<u> </u>	<u>.</u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organizations the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see in	struci	tions).
•				<u>, </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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> .	2-	 -	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	+	+
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (expl ons must complete Sect	ain in Part VI). See ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	_	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III support	ing organization (see

Part) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2		mpt purposes of suppo	rted	
	organizations, in excess of income from activity		 -	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		/in	/m
Se	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014	-		
d	From 2015			
е				
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount		<u> </u>	<u></u>
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	 		
<u> </u>	Excess from 2013	 	 	
<u>a</u> _	Excess from 2014	 		
	Excess from 2015		 	
d	Excess from 2016			
— u e	_			
		L		<u> </u>

Page	8

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
the other in	come listed in line 12, colmns e and f reflect ravel supprt from reimbursements from the ACS for the ravel of
our elected	Councilors to the ACS National Meetings to participate in governance activities
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 890, Part IV, line 21 or 22.

OMB No. 1545-0047 2017

Public tion

Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.	Upen to roll of the roll of th
Name of the organization		Employer identification number
American Chemical Society - PMSE Division	iciety - PMSE Division	52 6055670
Part I General	Part I General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and
the selection c	the selection criteria used to award the grants or assistance?] Yex [
	A control of the second control of the second secon	

Part II		ssistance to Do for any recipient	mestic Organiz that received m	ations and Dom ore than \$5,000.	estic Governm Part II can be d	ents. Complete uplicated if addit	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
- (a	1 (a) Name and address of organization or government	(p) 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
Ξ	POLYED	22-3437412						
<u>2</u>								
ව								
€								
(2)								
9								
E								
(8)								
6								
(10)								i
(11)								
(12)								
0 W	Enter total number of section 501(c)(3) and governmer Enter total number of other organizations listed in the	501(c)(3) and govinganizations listed	emment organizat In the line 1 table	nt organizations listed in the line 1 table	ne 1 table			A A .
For P	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	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 an

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 speaker honoraria for symposia	113	87588			
2 doolittle award	2	2000			
3 PMSE Coopeanve Research Award	2	2000			
4 TESS Award	-	3000			
5 ACS Award in Polymer Science	-	1500			
6 Eastman Chemical Award	7	2700			
2					

Treasurer tracks who receives funds from which symposia raised funds and PMSE contributions Individual symp, organizers decide who and how much Treasurer ensures money has been received

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2017

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Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number	
American Chemical Society - PMSE Division	52 6055670	
D- ADA		
Part IV		
Line 38 - schedule O completed and explanations for Part VI, line 19 is provided here		
Line 35 - Schedule O Completed and explanations for Part VI, line 18 is provided here		
Part V		
•••••••••••••••••••••••••••••••••••••••		
Line 3b - the organization does not conduct any unrelated business		
Line 13b - the organization does not provide health insurance		
Line 14b , the argenization does not provide tenning convice		
Line 14b - the organization does not provide tanning service		
······································		
Part VI		
Line 6 - the organizatio has approximately 3700 members; it does not have stockhloders		
ting 7h. In purpher of degree or a subject to approved by a majority units by the organization's members. The	an authority to make degisions in	
line 7b - a number of decisions are subject to approval, by a majority vote, by the organization's members. The	e authority to make decisions is	
governed by the bylaws of the organization		
<u> </u>		
Line 19 - The bylaws are available on the organizations website which covers conflict of interest issues		
the financial statements for the organiztion are submitted to the ACS tax compliance board (mother ogranization)	on) for review	
Members are able to request and review these tax documents each year by contacting ACS or PMSE directly		
weithers are able to request and review these tax documents each year by contacting ACS of PMSE directly		
Twice a year the finacial statements are openly reviewed at the organizations executive committee meetings which are open to all members.		
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<u></u>		
•		

chedule O (Form 990 or 990-EZ) (2017) Page	
Name of the organization	Employer identification number
•••••••••••••••••••••••••••••••••••••••	
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