Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calend	ar year, or tax year beginning , 2018, and ending			, 20
B	Check if a	pplicable	C Name of organization	Empl	oyer ide	entification number
	Address o	change		5	26054201	
	Name cha	ange	Telep	hone nu	ımber	
=	Initial retu	81	0-577-4250			
=	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	Grou	p Exer	nption
_		on pending	Swartz Creek, MI 48473	Num	ber Þ	•
		ting Method	☑ Cash ☐ Accrual Other (specify) ► H Ch	eck >	• 🗆 ii	the organization is no
	Vebsite	-				ach Schedule B
J T	ах-ехеп	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🗌 4947(a)(1) or 🔲 527 (Fc	orm 99	90, 990	-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other			<del> </del>
		_	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
			5500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> ¢	
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	etruc	tions	for Part I)
	arti		the organization used Schedule O to respond to any question in this Part I			
	1			<del></del> -;	1	11472
	1		ons, gifts, grants, and similar amounts received	·	2	117/2
	2	-	ervice revenue including government fees and contracts	. }	3	45173
	3		•	. }	4	3264
	4	Investment		. 1	4	3204
	5a		ount from sale of assets other than inventory			
	p		or other basis and sales expenses		_	
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) ad fundraising events:		5c	
	а	Gross inc	ome from gaming (attach Schedule G if greater than	- 1		
Ģ		\$15,000) .	6a	o		
Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0of contributions			
é			aising events reported on line 1) (attach Schedule G if the	}		
		sum of suc	th gross income and contributions exceeds \$15,000)   6b	0	İ	
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	ď	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		
		line 6c) .		.	6d	O
	7a	Gross sale	s of inventory, less returns and allowances	o		
	ь		of goods sold	0		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	O
	8		nue (describe in Schedule O)	. [	8	399
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>▶</b>	9	60308
	10		similar amounts paid (list in Schedule 0) RECEIVED	. 1	10	16172
	11		aid to or for members	.	11	0
Ś	12	Salaries, of	the manufacture and another benefits 1971 and 101	. 1	12	0
186	13		al fees and other payments to independent contractors	. [	13	500
Exper	14		y, rent, utilities, and maintenance	.	14	0
M	15	Printing, pu	ublications, postage, and shipping OGDEN, UT	.	15	4460
)	16	Other expe	enses (describe in Schedule O)		16	57127
> D	17		enses. Add lines 10 through 16		17	78259
,	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-17951
<b>1</b> 00	19		ith	<del></del>		
- S	"		or fund balances at beginning of year (from line 27, column (A)) (must agree wir figure reported on prior year's return)		19	325775
- i	20	-	iges in net assets or fund balances (explain in Schedule O)		20	-8306
Dinet Assets	21		or fund balances at end of year. Combine lines 18 through 20		21	299518
			or fund balances at end of year. Combine lines to through 20		41	50m 990-F7 (2018)

7 2018

(1)4



Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this		<u> </u>	<u> </u>
	•		1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			325775		299518
23	Land and buildings		• • • • • • •		23	0
24	Other assets (describe in Schedule O)			325775		0 299518
25	Total liabilities (december 5 shedule 0)			323773		299010
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			325775		299518
Par					2,1	255510
i ar	Check if the organization used Schedule	•		•		Expenses
Wha	is the organization's primary exempt purpose?	see schedule O	ny quosasiriir ans	7 4 4 4 4 4		quired for section
Desc	ribe the organization's program service accompli- easured by expenses. In a clear and concise n					(c)(3) and 501(c)(4) anizations, optional for ers)
pers	ons benefited, and other relevant information for e					
28	Development and advancement of the profession of ind	<del></del>	mistry represent inter	ests of		
	Division members in ACS council, committee, and gove	mence meetings				1
	/O				00-	42650
20	Awarda program	t includes foreign gra			28a	42000
29	Awards program		•			
	(Grants \$ ) If this amount	t includes foreign gra	ents check here	• 🗖	29a	16172
30	Technical programming : at national and regional meeting				230	10112
30	Technical programming : at habitat and regional meetin					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	30a	12874
31	Other program services (describe in Schedule O)		· · · · · ·			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	4460
32	Total program service expenses (add lines 28a				32	76156
Par	V List of Officers, Directors, Trustees, and Ke	y Employees (list eac	one even if not com	pensated—see the ir	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of other compensation
Geor	ge Stanley - chair	3				
<u> </u>	ley@lsu edu			0	0	
	Hobbs -Past-chair	. 1			- 1	
	thobbs@gmail com			0	9	0
	Fugate - Chair-elect	. 1				
	ega@oml gov	ļ	1	9	0	0
	Morton - Secretary	4				•
	nsa@jmu edu		· · · · · · · · · · · · · · · · · · ·	) 	4	0
<b>-</b>	Smith - treasurer	4			0	0
	erjanetsmith@yahoo com Alexamdrotos - councilor		'	1	4	
	d@hunter cuny edu	2			٨	0
	Abraham - councilor	· · · · · · · · · · · · · · · · · · ·		1	┧	
	raham01@ysu edu			ol .	o	0
	Engelman - councilor				+	
	gelman@eastman com	2			o	0
	Smith - Councilor		<u> </u>		+	
	pm@westminster edu	2			0	0
	- · · · · · · · · · · · · · · · · · · ·				$\top$	
		1			_[	
-					T	
					$\perp$	
		1	Į.	1	1	



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
			Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	)		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		,
		40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	ĺ		
	on organization managers or disqualified persons during the year under sections 4912,			1
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		ĺ	İ
	40c reimbursed by the organization		1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		- √
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ janet smith  Telephone no. ▶	810-57	7-425	0
	Located at ► 4337 Dye rd, Swartz Creek, MI ZIP + 4 ►	484	473	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1		
	Financial Accounts (FBAR).	1	_	l
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
•••	completed instead of Form 990-EZ	44a		1
L	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	140	<del> </del>	<b>  •</b>
b	completed instead of Form 990-EZ	AAL		1
	·	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	<b>/</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	$\Box$		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

							Yes	No
46	Did the organization engage, directly or it							
	to candidates for public office? If "Yes,"		<u>, Part I </u>	· · · · · ·		46	<u> </u>	✓
Part \								
`	All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and compl	ete the ta	bles f	or lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI .			<u></u>	
							Yes	No
47	Did the organization engage in lobbying		section 501(h) electio	n in effect durin	ig the tax			
	year? If "Yes," complete Schedule C, Par	tll				47	1	✓
48	Is the organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete :	Schedule E .		48		1
	Did the organization make any transfers t					49a		<b>-</b>
	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's				directors,	trustee	es, an	d key
	employees) who each received more than							
		(b) Average	(c) Reportable	(d) Health bene				
	(a) Name and title of each employee	hours per week	compensation	contributions to em benefit plans, and d		Estimate her com		
		devoted to position	(Forms W-2/1099-MISC)	compensation			pensa	
none					1			
			· · · - · · - · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
		1						
		<del></del>						
	••••							
	· · · · · · · · · · · · · · · · · · ·		•					
		· · · · · · · · · · · · · · · · · · ·						-
			1					
	Total number of other employees paid ov	er \$100 000	▶ 0	L				
	Complete this table for the organization			contractors wh	o oach rac	owad	mara	than
	\$100,000 of compensation from the organization			COMMACIONS WIN	J cacii iec	eiveu	111016	ulai
	· · · · · · · · · · · · · · · · · · ·		I		<del></del>			
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Com	pensation	оп	
none								
			,					
			· · · · · · · · · · · · · · · · · · ·					
			1					
			-	ľ				
			į.	ł				
		<del></del>						
					·			
								·
								-
	Total number of other independent contri	actors each receiving	over \$100 000		0			
	Total number of other independent contra				0			
52	Did the organization complete Schedu			nizations must	attach a	7) Van		
52	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	<u> </u>	attach a	√ Yes		
52 Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best	attach a			
52 Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best	attach a			
Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge	attach a			
Under petrue, com	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best	attach a			
Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge	attach a			
Under petrue, com	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge  Date	attach a	dge and		
Under petrue, com	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge  Date  Ce  Ch	attach a			
Under petrue, com Sign Here	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge  Date  Ce  Ch	attach a	dge and		
Under petrue, com Sign Here Paid Prepa	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of as any knowledge  Date  Ce  Ch	attach a ►	dge and		
Under petrue, com Sign Here Paid Prepa Use C	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	nts, and to the best as any knowledge    S - @   Date    Ch	attach a ► [ of my knowle  - /9  eck   f f-employed	dge and		

Form 990-EZ (2018)

Page 4

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection

	of the organization ion of Industrial & Engir	oorina Chamist	or of the ACS				Employer identification	n number 154201
				organizations mus	comple	te this n	<u> </u>	
				s: (For lines 1 through	<del></del>			713.
1 2 3 4	A church, conve	ntion of churc ed in <b>section</b> ooperative ho ch organization	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descr (Attach Schedule E (F ganization described onjunction with a hos	nbed in se form 990 in section	ection 17 or 990-E n 170(b)(1	(O(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Enter the
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
8	A community tru	st described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or university or a university:	non-land-gra	nt college of agr	d in soction 170(b)(1)	ons). Ente	er the nan	ne, city, and state of	the college or
10	receipts from ac support from gro acquired by the	tivities related ess investment organization a	to its exempt fut income and unifter June 30, 197	e than 33 <sup>1</sup> / <sub>3</sub> % of its s nctions—subject to c related business taxa 75. See <b>section 509</b> (a	ertain exc ble incon a)(2). (Co	ceptions, ne (less so mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		_	•	sively to test for public	-			
12	of one or more	oublicly suppo	rted organizatio	ovely for the benefit on the described in <b>sect</b> scribes the type of su	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
8	the supporte	d organization	(s) the power to	l, supervised, or conti regularly appoint or e ete Part IV, Sections	elect a ma	ijority of t		
b	control or ma	inagement of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C	the came			
C				ting organization oper ns). <b>You must comp</b>				ally integrated with,
d	that is not fu	nctionally into	gratod. The orga	pporting organization nization generally mu omplete Part IV, Sec	st catiofy	a dictribu	ution roquirement an	
е				a written determinate tionally integrated su				e II, Type III
f	Enter the number	of supported o	organizations .					
g	Provide the follow	ng information	about the supp	oorted organization(s)				
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)	· · · · · · · · · · · · · · · · · · ·							
(E)	···							<del></del>

Total

Part	II Support Schedule for Organiza	tions Doser	ibad in Sact	ione 170/h)/1	I)/A)(iv) and	70/h)/1)/A)/6/	i)
ran	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed⁄to qu	
Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,				/	, ,
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	/(e) 2018	(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						
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			/	<u></u>		
	on B. Total Support		/		1		
	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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)	/					
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.	(see ınstrücti	ons)			12	***************************************
13	First five years. If the Form 990 is for the organization, check this box and stop her	re ./				ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2018 (line 6		•	1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test—2018. If the organiz						
	box and <b>stop here.</b> The organization qual		-	_			
b	331/3% support test—2017. If the organization this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	tion meets th	e "facts-and-o	circumstances'	" test, check t	this box and s	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions				<u></u>	<u> </u>	▶ 🗀
			-		Sch	edule A (Form 99	0 or 990-EZ) 2018

# 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						<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	74667	75827	74054	66100	56645	347293
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0		0	0
6	Total. Add lines 1 through 5	74667	75827	74054	66100	56645	347293
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	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	0	0	0	0	0
С	Add lines 7a and 7b	0	0		0	0	. 0
8	Public support. (Subtract line 7c from line 6.)						347293
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	74667	75827	74054	66100	56645	347293
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	3204	3589	2693	2821	3663	15970
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	o	0
С	Add lines 10a and 10b	3204	3589	2693	2821	3663	15970
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	77871	79416		68921	60308	363263
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		d, third, fourth,		ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8	<del></del>		13, column (f))		15	956 %
16	Public support percentage from 2017 Sch	• • •	-			16	96 9 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2018 (I			-		17	44 %
18	Investment income percentage from 2017					18	31 %
19a	331/3% support tests—2018. If the organi						
<b>L</b>	17 is not more than 331/3%, check this box a 331/3% support tests—2017. If the organiz		-			=	
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_	•	-		=

## 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			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	
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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 <b>Part VI</b> , 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).			
þ	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?	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 filing 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 (as 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 <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	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			
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		لــــا

Part	Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
٠.	below, the governing body of a supported organization?	11b		<del> </del>
	A family member of a person described in (a) above?  A 25% controlled antity of a person described in (a) are /b) above? If "Yee" to a, b, or a, provide detail in Part VI	11c	-	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	1110	1	<u> </u>
Secu	on b. Type I supporting Organizations		Ves	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1	1	
	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,	l		
	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	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		i
Secti	on D. All Type III Supporting Organizations		1.0	T
_			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		ĺ	
	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	<b></b> -	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<del> </del>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:		1
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		[	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	•	ea.	-	<u> </u>
ь	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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		ا
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U	of its supported organizations? If "Ves" describe in Part VI the role placed by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gani	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	j tru:	st on Nov. 20, 1970 (expl	
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	ا	(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-functionall instructions).	y int	egrated Type III support	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
∙2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga	I II Zations	
	Qualified set-aside amounts (prior IRS approval required)			
<del>_</del> _6	Other distributions (describe in Part VI). See instructions.			
<del></del>	Total annual distributions. Add lines 1 through 6.	······································		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	, , , , , , , , , , , , , , , , , , , ,
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of pnor years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014		***************************************	
	Excess from 2015			The state of the s
	Excess from 2016			**************************************
	Excess from 2017	*** * **** *** *** * * * * * * * * * * *		
<u></u>	Excess from 2018			or the number

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, 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, Sec 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, 2 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 S, 5, and 6. Also complete this part for any additional information. (See instructions.)	tion 2a, 2b,
		-
	· · · · · · · · · · · · · · · · · · ·	
·		
		-
		-
		<b></b>
	·	
	**************************************	

### 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.

201

Employer identification number

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.

Open to Public Inspection

OMB No 1545-0047

Division of Industrial & Chemical Engineering of the ACS	52-6054201
990EZ, Part III - primary purpose. To encourage the highest standards of excellence in developing and applying knowledge of chemistry and	
chemical engineering to the products and processes of industry, To promote the development of chemical science and technology	
ın academics and industry, To improve qualifications and usefulness of chemists and engineers though high standards of professional	
ethics, education, and attainment, To increase the diffusion of chemical knowledge through meetings, networking, reports, papers,	
discussions, publications, etc. thereby fostering public welfare and education, To promote the mutual recognition of need and interests, from	
fundamental research to pragmatic technology	
990EZ, part I - question 8 Royalty of \$399	
Part 1, line 10 - \$15922 33 went towards Awards & expenses (Industrial Chemist Award, I&EC Fellow Awards) \$250 went to the Science History Institute	
Part I, question 16 - National and Regional meeting expenses - \$12874, Admin, travel, & training - \$42150, and investment fees & expenses - \$2103	
Part I, question 20 - change in investments values of -\$8306	
part III, question 31 - Communications with members newsletter, website, open meetings, etc	
	······
	·
<u></u>	