(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

	artment of t	he Treasury e Service		security numbers on this ov/Form990 for instruction		-	•		0	pen to Public Inspection	
\overline{A}	For the 2	019 calend	dar year, or tax year beginning	January 1	2019, and end	ding	Decemb	er 31	, 2	20 19	
В	Check if a		C Name of organization America	n Chemical Society - Div	of Polymeric I	Materia	ls S&E	D Empl	over id	entification number	
\Box	Address cl		Doing business as					·	-	6055670	
	Name cha	-	Number and street (or P.O. box if	mail is not delivered to street ac	Idress)	Room	/suite	E Telepi	none nu	ımber	
=	Initial retur		PO Box 117200		,	В	ox 80	·		620-8255	
Ħ		/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal	code						
Ħ	Amended	return	Gainesville, FL 32611					G Gross receipts \$			
$\bar{\Box}$	Application	n pending	F Name and address of principal offi	icer: ,	_		H(a) Is this a gro	group return for subordinates? 🔲 Yes 🗹 No			
_	.,		Prof. Eva Harth			1	H(b) Are all su	ubordinat	es ınclı	ıded?(☑Yes ☐ No	
1	Tax-exem	pt status	✓ 501(c)(3) 501(c) () ◀ (insert no) 4947	(a)(1) or 📝 522	7	If "No," a	ittach a li	st. (see	instructions)	
J	Website:	▶ pmsed	lvision.org				H(c) Group ex	emption	numbe	er Þ	
K	Form of on	ganization:	Corporation Trust Associa	tion ☐ Other ►	L Year of for	rmation.		M State	of lega	l domicile:	
Р	art I	Summa		1							
	1 E	Briefly des	cribe the organization's miss	ion or most significant ac	tivities: Pro	vide a	forum to ex	change	techi	nical information	
8			interactions in the materials s	_							
Jan		the premie	er home for polymer-based ma	terials science and engine	ering researc	h withi	n the polym	er tech	nolog	y community.	
Governance	2 (Check this	box ▶ ☐ if the organization	discontinued its operation	ns or dispos	ed of r	nore than a	25% of	its ne	et assets.	
Ĝ	3 1	Number of	voting members of the gove	ming body (Part VI, line 1	a)			3		56	
9	4 1	Number of	independent voting member	s of the governing body (Part VI, line	1b) .		4		56	
thes	5 1	Total numb	per of individuals employed in	n calendar year 2019 (Par	t V, line 2a)			5		0	
Activities &	6 7	Total numb	per of volunteers (estimate if i	necessary)				6		56	
Ą	7a 1	Total unrel	ated business revenue from I	Part VIII, column (C), line	12 <u>.</u>			_7a_			
	b N	let unrelat	ed business taxable income	from Form 990-T, line 39		·R	ECEIV	F (7b			
					1		Prior-Yeer		121	Current Year	
Ð			ons and grants (Part VIII, line	= -	· · · · · · · · · · · :	l		38,422	18	203,547	
Revenue	1	-	ervice revenue (Part VIII, line	=-	10	J		U/577	13	0	
ě	ł		t income (Part VIII, column (A		.	L		0,000_	1≅	50,000	
-	1		nue (Part VIII, column (A), line				GDEN,	ur		9,450	
	†		ue-add lines 8 through 11 (n	9999		262,997					
	I.		l similar amounts paid (Part I)	116,125 87,3							
	1	=	aid to or for members (Part IX			: ├─		0		0	
S	1		her compensation, employee I					20,000			
Expenses	1		al fundraising fees (Part IX, c			·		0		<u>_</u>	
Š	1		aising expenses (Part IX, col			-				400.005	
	1	•	enses (Part IX, column (A), line	•		·		9,612		130,395	
		-	nses. Add lines 13-17 (must		, line 25) .	·		5,737		217,723	
		Revenue le	ess expenses. Subtract line 1	8 from line 12	· · · · ·			-5,738		45,274	
10 00			/D			Begi	nning of Curn			End of Year	
Net Assets or Fund Balances	20 1		s (Part X, line 16)			·	1,07	79,070		2,104,655	
A P	21 1		ties (Part X, line 26)			·	1 67	79,070		2,104,655	
_			or fund balances. Subtract li	ne 21 from line 20 .	· · · · · · ·		1,07	9,070		2,104,033	
	art II	-	re Block				4	h 4 - 6 -		dadaa aad babat daa	
			, I declare that I have examined this r p. Declaration of preparer (other than						ny knov	wiedge and belief, it is	
	· · · · · ·		•								
Sign Here		Storett	ure of officer	· · · · · · · · · · · · · · · · · · ·			Date			 	
		, -	A Savin, ACS PMSE Division Tre	easurer				8 July	2020		
			r print name and title	·-·				y			
		· · · · · · · · · · · · · · · · · · ·	preparer's name	Preparer's signature		Date	 1	Check	٦.٦	PTIN	
Pa			er de de di di merrid	i i aprecer a argument				self-emp			
	eparer	C!a ===	ne Þ	<u> </u>		J	Firm'e	EIN ►	الــــــــــــــــــــــــــــــــــــ		
Us	e Only	Firm's add	··- ·· · · · · · · · · · · · · · · · · 				Phone				
Ma	y the IRS		this return with the preparer s	shown above? (see instru	ctions)		1.110116			☐ Yes ☐ No	
			ion Act Notice see the senarat	***		at No. 1	1282Y	<u>_</u>	···	Form 990 (2019)	

orm 99	90 (2019)	Page 2								
Part										
1	Check if Schedule O contains a response or note to any line in this Part III									
•	To provide a forum to exchange technical information and foster interactions in the materials science and engineering									
	community. To reach across technical, generational, and national boundaries to create the premier home for polymer-based									
	materials science and engineering research within the polymer science and engineering community.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?	No								
_	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No								
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by								
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o									
	the total expenses, and revenue, if any, for each program service reported.									
	(O d) (F) (D)									
4a	(Code:) (Expenses \$including grants of \$64,895) (Revenue \$)									
	Organize and host polymer related symposia at semi-annual ACS meetings. Expenses included speaker fees, travel expenses,									
	and registration fees									
	•									
4b	(Code:) (Expenses \$including grants of \$3,168) (Revenue \$)									
	Collaborations to the chemistry community to advance our mission through grants to support polymer-related programming at international meetings not affiliated with the semi-annual ACS National Meetings, award programs for polymer scientists, and									
	support for advancing education in polymer science.									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
A .4	Other program convices (Describe on Schodule O.)									
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ► 88,063									
	<u> </u>									



Form 99	0 (2019)			s _{age} 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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 98-19? 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			V
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			~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.	ļ		
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		v
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		v
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	L	~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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), tines 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	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	V	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		7
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	••	<u></u>	
			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	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	140	• •	1

ait	Statements negariting other in or image and tax compliance (continued)			
		r	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.			
	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [7] [8] [8] [9] [9] [9] [9] [10]	2b		<u>, , , , , , , , , , , , , , , , , , , </u>
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		V
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>		Ť
4 a	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 ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		,
7	Organizations that may receive deductible contributions under section 170(c).	-		Ť
а	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?			<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, , ,		
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ļ.—		
_	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		ابـــا
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		7
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	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 the organization is licensed to issue qualified health plans	l		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		•
	If "Yes," see instructions and file Form 4720, Schedule N.			تــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	<u> </u>		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change								
	01 1 1 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1								
Secti	on A. Governing Body and Management								
		۱.	1 50		Yes	No '			
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	56						
	If there are material differences in voting rights among members of the governing body, or				į				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				İ				
.	Enter the number of voting members included on line 1a, above, who are independent .	1b	56						
b			L	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	· ·	· · ·	2	. 	~			
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o			3	;	,			
4									
5	Did the organization become aware during the year of a significant diversion of the organization			5		~			
6									
7a	a 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?								
b	Are any governance decisions of the organization reserved to (or subject to approva	l by)	members,						
	stockholders, or persons other than the governing body?			7b	~	<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions ur	derta	ken during	1 1					
	the year by the following:								
a	The governing body?			8a	<u> </u>	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses on Schedule		reached at	9		·			
Section B. Policies (This Section B requests information about policies not required by the Internal Reve					ode.)				
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	~				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.			10b	/				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef			11a		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.9						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		~			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflicts?	12b		·			
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy	? If "Yes,"	12c					
13	Did the organization have a written whistleblower policy?			13		V			
14	Did the organization have a written document retention and destruction policy?			14		~			
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official			15a					
b	Other officers or key employees of the organization			15b					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		-	16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					Ī			
-	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to saf	eguard the	16b					
Secti	on C. Disclosure					<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Section 2).	t app	ly.	,		(-)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	ımen	ts, conflict o	f inter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization Daniel A. Savin, Treasurer, 3632 NW 31st Terrace, Gainesville, FL 32605, (601) 620-8255	on's b	ooks and re	cords	>				

Part VII	Compensation of Officers,	Directors, T	Trustees, I	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. See instructions for the order in which to list the persons above.

Check this box if neither the organization per any related organization compensated any current officer director, or trustee

Unleck this box in heldren the organization no	i arry relate	uug	CU 112	auc	"	ompe	71 13G	ited any current	onicer, anector,	or trustee.
				(C)					
(A) Name and title	(B) Average hours	box,	unies er an	neck ss pe	rson	e than e is both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chair - Prof. Matthew Becker	2							0	0	0
(2) Chair-Elect - Prof. Eva Harth	2							o	0	0
(3) Vice Chair - Dr. Timothy Bunning	2				!			0	0	0
(4) Treasurer - Prof. Daniel Savin	3							0	0	0
(5) Secretary - Dr. Lisa Baugh	2							0	0	0
(6) Past Chair - Prof. Melissa Grunian	1							0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)	 									
(14)					-	 -				

Form 99	0 (2019) VII Section A. Officers, Directors,	Tructone	Kov	Emi	nlo	V00	e an	d H	lighest Compa	neated F	Employ	1006 /		Page 8
Part	Mecdon A. Onicers, Directors,	rustees,	Key I	5111		yee C)	5, all	ur	ingliest Compe	isateu E	inploy	/ees (JUITUI	iueu)
	(A) Name and trile		box,	unles	ieck is pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reports compens from rel	ation	0	(F) ited am f other pensati	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	tions -MISC)	fr	om the	and
(15)			-		-	-	8.	-						
(16)				-	_	-		\vdash						
(17)						┢								
(18)					_			_						
(19)												·······	, .	
(20)								\vdash						
(21)				-	-									
(22)					-							····		
(23)														
(24)				-									-	
(25)														
1b c	Subtotal	VII. Section	n A	•	•		•	>	0		0		-,	0
<u>d</u>	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<u> </u>	0		0			0
2	Total number of individuals (including bur reportable compensation from the organ		to th	ose	list	ted :	above	e) w	ho received mor	e than \$10	00,000	of		
3	Did the organization list any former	officer, dire	ector,	tru	ste	e, k	ey e	mpl	loyee, or highes	st compe	nsated		Yes	No
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	Schedule J	for s	uch	indi	ivid	ual		· · · · · · · ·			3		~
	organization and related organizations individual											4	<u> </u>	·
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or ind		5		~
Section	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add								(B) Description of sen	/ices	C	(C) Compens	ation	
Eileei	n Ernst, 20 Lawton Road, Bridgewater, NJ 08	807						E۱	vent planning & lo	gistics			23	3,774
2	Total number of independent contractor							th	ose listed abov	e) who				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a resp	onse or note to ar	1			1
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its ts	1a	Federated campaigns 1					
ran	b	Membership dues 1	b 111,757]]
Ω, E	C	Fundraising events 1					
ifts ar A	d	Related organizations 1	d 21,593				
2, ≝	е	Government grants (contributions)	e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
돌		and similar amounts not included above	f 70,197				
	g	Noncash contributions included in	_ _				
o Pi		Ines 1a–1f	g \$	203,547			
	<u>h</u>	Total. Add lines 1a-11	Business Code	200,547			
O	2a						
vic.	b		-	<u> </u>			
gram Ser Revenue	C		•				
E S	ď						
Program Service Revenue	е		•				
Pro	f	All other program service revenue	-		1		
	g	Total. Add lines 2a-2f					
	3	Investment income (including divider	ds, interest, and				
j		other similar amounts)		50,000			
	4	Income from investment of tax-exempt	bond proceeds ►				
	5	Royalties		660			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					1
	C	Rental income or (loss) 6c			-		
	d	Net rental income or (loss)	(ii) Other		 		
	7a	Gross amount from	(ii) Other				
		sales of assets other than inventory 7a		}			
a	ь	Less: cost or other basis					
Revenue		and sales expenses . 7b					
eve	С	Gain or (loss) 7c					ļ
	d	Net gain or (loss)	🕨				
Other	8a	Gross income from fundraising					
δ		events (not including \$					
		of contributions reported on line					ļ
		1c). See Part IV, line 18	a				
	b	Less: direct expenses 8			<u> </u>		
	С	Net income or (loss) from fundraising e	vents ▶				
	9a	Gross income from gaming	_				
		activities. See Part IV, line 19 . 9		{			
	b	Less: direct expenses 9		ļ			
	C	Net income or (loss) from gaming activ	rties ▶				
	iva	Gross sales of inventory, less returns and allowances 10)a				
	ь	Less: cost of goods sold 10		1			1
	C	Net income or (loss) from sales of inver		 			
S			Business Code				
0	11a	ACS Councilor Revenue	900099	8,790	<u> </u>		
ane	ь		.				
scellaneo Revenue	C						
Miscellaneous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d	▶	8,790			
	12	Total revenue. See instructions		262,997			

	(0.10)				n 40
	0 (2019) Statement of Functional Expenses				Page 10
Section	n 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All	other organizations	must complete colu	mn (A)
	Check if Schedule O contains a response				
	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 .	3,800	3,800		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	83,528	83,528		
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				
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 10	Other employee benefits				
11 a	Fees for services (nonemployees): Management	23,774		23,774	
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				· • · · · · · · · · · · · · · · · · · ·
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,414		6,414	
13	Office expenses	842		842	
14	Information technology				
15	Royalties				
16 17	Occupancy	22,077		22,077	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				····
19	Conferences, conventions, and meetings .	41,035	41,035		
20	Interest	00 505	00.505	·	
21	Payments to affiliates	26,535	26,535	····	
22 23	Depreciation, depletion, and amortization . Insurance	· · · · · ·			
	The state of the s				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	National Meeting - Exec Comm Dinners	9,718		9,718	·· · · · · · · · · · · · · · · · · · ·
b					
C					
d e	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24e	217,723	154,898	62,825	
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)				<u> </u>

P	art X	Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34,472	1	93,580
	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 any current or former officer, director,	·		` '
		trustee, key employee, creator or founder, substantial contributor, or 35%		1	ļ
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1,644,598	11	2,011,075
	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 33)	1,679,070	16	2,104,655
	17	Accounts payable and accrued expenses		17	`
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,		}	
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ï	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		25	
	26	Total liabilities. Add lines 17 through 25		26	-
es		Organizations that follow FASB ASC 958, check here ▶ □			
2		and complete lines 27, 28, 32, and 33.	·- - -		
age	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Ē		Organizations that do not follow FASB ASC 958, check here ▶ □			
느	l	and complete lines 29 through 33.		<u> </u>	
Š	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	11. And	31	A 11/11/16
ē	32	Total net assets or fund balances	1011010	32	12104055
Z	33	Total liabilities and net assets/fund balances		33	"

age	1	2
		_
_	Г	1

	00 (2019)		,		Pa	ige 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	• • •	•	•	<u> </u>
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 32, 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 on Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
•	· · · · · · · · · · · · · · · · · · ·	10				
ari	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 Countin					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a			. 2	 2a		~
2a	Schedule O.			2a		~
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'.			2a		~
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com			2a		v
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:		or	2a 2b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	piled 	or			
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled 	or			
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled 	or			
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on	or			
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on	or 2			
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis for over the inequality of the year were audited basis. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	piled ed on rsight nt? .	or 2	2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on rsight nt? .	or 2	2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on rsight nt? . plain	or 2	2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were compressive on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on rsight nt? . plain	or 2	2b		
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?'. If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	piled ed on rsight nt? . plain th in t ergo t	or 2	2b		V

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

Employer identification number

Am	erican Chemical Scolety - PMSE Divis	slon				52-60	55670
Pai	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
he d	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	k only or	ne box.)	\sim
1 2 3 4	 ☐ A church, convention of church ☐ A school described in section ☐ A hospital or a cooperative hospital research organization ☐ hospital's name, city, and state 	170(b)(1)(A)(ii). spital service org n operated in co	(Attach Schedule E (F ganization described i	orm 990 n sectio r	or 990-E	Z).) I)(A)(iii).	(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1):	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-grauuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	on 509 (a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same			
C	its supported organization(ally integrated with,
d	Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	tion requirement an	
е	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of	•					
g	Provide the following information	about the supp	orted organization(s).		<u>.</u>		
	(i) Name of supported organization	(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)							
				1		-	

_	_
_	•
'മനല	~

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Secti	on A. Public Support	quamy and	7 110 10010 110	ned below, p	loude demple	Mor dire iii.)	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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				<i>y</i>		
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)		٨				
6	Public support. Subtract line 5 from line 4		/				
	on B. Total Support				-		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4			_			
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.					12	
13	First five years. If the Form 990 is for the						
Coati	organization, check this box and stop her		<u> </u>		• • • •	<u> </u>	· · P [
14	Public support percentage for 2019 (line 6			1 column (fl)		14	%
15	Public support percentage from 2018 Sch					15	//
16a	331/3% support test-2019. If the organia			on line 13, ar	nd line 14 is 33		
	box and stop here. The organization qual						
b	331/3% support test—2018. If the organization this box and stop here. The organization	qualifies as a j	publicly suppo	rted organizati	on		▶ 🗆
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets the efact	e "facts-and-c ts-and-circums 	rircumstances' stances" test.	' test, check the organization	this box and son qualifies as	a publicly
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checi	k this box and	
	instructions		· · · · ·	<u> </u>			<u> ▶ □</u>

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.)

Section	on A. Public Support					- (
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(0, 2017	(4) 2010	(0) 2010	(1) 1000
•	received. (Do not include any "unusual grants.")	171,354	171,634	215,417	188,422	212,337	959,164
2	Gross receipts from admissions, merchandise	,	,		,		
	sold or services performed, or facilities				}		
	furnished in any activity that is related to the	3,020	1,550	1,500	1,577	660	8,307
3	organization's tax-exempt purpose	3,020	1,550	1,500	1,517		
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						•
•	organization's benefit and either paid to					İ	
	or expended on its behalf				•	J	
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						-
6	Total. Add lines 1 through 5	174,374	173,184	216,917	189,999	212,997	967,471
7a	Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons .						
_							
þ	Amounts included on lines 2 and 3 received from other than disqualified				ļ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				j		
_	· · · · · ·						
С 8	Add lines 7a and 7b						
U	line 6.)				ĺ		967,471
Secti	on B. Total Support			I			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	174,374	173,184	216,917	189,999	212,997	967,471
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					İ	
	royalties, and income from similar sources .	13,000	20,000	50,000	50,000	50,000	183,000
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o j	0	o	0	0	0
С	Add lines 10a and 10b	13,000	20,000	50,000	50,000	50,000	183,000
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				(
12	Other income. Do not include gain or				_		
	loss from the sale of capital assets						
	(Explain in Part VI.)	9,144	11,597	4,484	0	o	25,225
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1,175,696
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗹
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2019 (line 8	3, column (f), d	ivided by line 1	3, column (f))		15	82 %
16	Public support percentage from 2018 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	86 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2019 (line 10c, colum	ın (f), divided b	y line 13, colur	mn (f)	17	16 %
18	Investment income percentage from 2018					18	11 %
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on . 🟲 🗹
b	331/3% support tests - 2018. If the organiz						
	line 18 is not more than 331/3%, check this t	oox and stop h e	ere. The organi	zation qualifies	as a publicly su	upported organi	ization 🕨 🔲
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	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.)

Section A. All Supporting Organization	porting Organizations	All Supi	Section A
--	-----------------------	----------	-----------

			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).			
3а	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	_	
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 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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authonzing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 5c		>
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 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		~
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 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 supporting organizations)? If "Yes," answer 10b below.	46-		
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.)	10a 10b		7

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	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> </u>	
Section	on B. Type I Supporting Organizations		V	L NI =
	Did the divertees to store a secret such as for a secret supported supported associations have the power to		Yes	No
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	ł		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	i		
	controlled the organization's activities. If the organization had more than one supported organization,	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	Ė		ļ
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization.	2		~
Section	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	<u> </u>		<u> </u>
	the supported organization(s).	1		~
Secti	on D. All Type III Supporting Organizations			т.:-
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			İ
	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	ł		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		~
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 -		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		7
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	l		
	supported organizations played in this regard.	3		1
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.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
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	İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[i	
	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	1		
	that these activities constituted substantially all of its activities.	2a	 	~
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Ť
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	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.			<u> </u>
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? Provide details in Part VI.	3a		~
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	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			
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	y inte	egrated Type III support	ing organization (see
instructions)	-		· -

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt 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			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	<i>(</i> 2)		(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			- · · · · · - · · · · · · · · · · · · ·
4	Distributions for 2019 from	j .		
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

	-
Page	

Part VI	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.)
Part II	
The other	income listed In line 12, columns (a), (b), (c), and (f) reflect travel support from reimbursements from the ACS for the
travel of	our elected Councilors to the ACS National Meetings to partcipate in governance activities. These reimbursements are
Included I	n line 1 for columns (d) and (e).

SCHEDULE (Form 990)

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

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

2019	Open to Publi Inspection

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service			► Go to w	Go to www.irs.gov/Form990 for the latest information.	Attach to Form 990. v/ <i>Form990</i> for the latest inf	ormation.		Inspection	n .
Name of the organization American Chemical Society - PMSE Division	oclety - PMSE [Division					5	Employer identification number 52-6055670	
Part General	Information	General Information on Grants and Assistance	Assistance						
1 Does the orgar the selection or 2 Describe in Par	nization mainta riteria used to rt IV the organi	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitori	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nt of the grants or	assistance, the g	rantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	□Yes	№
Part II Grants a Part IV, II	and Other As ine 21, for an	ssistance to Do	mestic Organizate converse the more the more the more the more the more the more the more the more the more the more the more the more the more the more the more the more the more the more the more than the more	ations and Dom an \$5,000. Part	estic Governm Il can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizatior Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	f the organization appace is needed.	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.	n 990,
1 (a) Name and address of organization or government	of organization int	(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 gramt or assistance	=
(1)									
(2)									
(3)									
(4)									
(5)									
(9)									
(<u>a</u>)							1		
(8)									
(6)									
(10)									-
(11)									
(12)									
2 Enter total num 3 Enter total num	nber of section	Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line	remment organizat in the line 1 table	ganizations listed in the line 1 table 1 table 1 table	ine 1 table			A A	
For Paperwork Reduction Act Notice, see the instructions for Form 990.	ion Act Notice,	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2019)	(2019)

Schedule i (Form 990) (2019)					Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	omestic Individuals.	<u>s</u>	Complete if the organization answered	"Yes"	on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Speaker honoraria for symposia	133	83,930			
2 Cooperative Resarch Award	7	8,790			
3 Tess Award	-	3,000			
4 Eastman Chemical Award	9	2,000			
5 Journal of Polymer Science Award	-	1,500			
6 PMSE Service Award	1	1,500			
7 Cumbanontal Information Drovids the information required in Dart I line 9: Dart III column (N): and any other additional information	the information	gil Tred of beginner	o 9. Dart III column	(h): and any other additi	information
		מלחוופת וו בשניו, ייב	oz, rakin, comin	מוס מוא סוופן מסחוו	
Treasurer tracks which symposia recieves funds and dispenses rais	llspenses ralsed mo	ed money in accordance with symposia organizers wishes.	symposla organizers	vishes.	
Treasurer executes the meeting support plan for every national meeting which is agreed upon by the executive committee at the meeting beforehand	national meeting wh	nich is agreed upon by t	the executive committe	e at the meeting beforehand	
Part II					
, There were no individual organizations that received more than \$5000	nore than \$5000				

Schedule I (Form 990) (2019)

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public
—Inspection-

Name of the organization American Chemical Society - PMSE Division	Employer identification number 52-6055670	
Part IV		
Line 38 - Schedule O completed and explanations for Part VI, line 19 are 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 organization does not provide tanning service		
Part VI		
Line 6 - The organization has approximately 3900 members; it does not have stockholders.		
Line 7b - A number of decisions are subject to approval, by majority vote, by the organization's members	. The authority to make	
decisions is goverened by the bylaws of the organization.		
Line 19 - The bylaws are available on the organization's website, which covers conflict of interest issues		
The financial statements for the organization are submitted to the ACS tax compliance board (m	other organization) for review	
Members are able to request and review these tax documents each year by contacting ACS or PMSE directly.		
Twice a year, the financial statements are openly reviewed at the organization's executive committee meetings, which are		
open to all members.		
	·	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
, 	·
	;

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