

COPY

**Report on Reviewed Financial Statements
Year Ended December 31, 2003**

For

**The American Institute of Chemists, Inc.
315 Chestnut Street
Philadelphia, PA 19106**

Prepared by:

**Leopold Galliera
Certified Public Accountant
1822 East Cambria Street
Philadelphia, PA 19134
(215) 291 0400**

The American Institute of Chemists, Inc.

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Accountant's Review Report

The American Institute of Chemists, Inc.
315 Chestnut Street, 4th Floor
Philadelphia, PA 19106

I have reviewed the accompanying statement of financial position of the American Institute of Chemists, Inc. (a nonprofit corporation) as of December 31, 2003, and the related statements of activities and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the American Institute of Chemists, Inc.

A review consists principally of inquiries of organizational personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I do not express such an opinion.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order to be in conformity with generally accepted accounting principles.



February 6, 2006

The American Institute of Chemists, Inc.
Statement of Financial Position
See Notes to Financial Statements
December 31, 2003

Assets

Cash in Banks	\$ 41,939
Accounts Receivable	800
Total Assets	<u>\$ 42,739</u>

Liabilities

Line of Credit	\$ 25,830
Office Rent Payable	2,500
Deferred Revenues	64,868

Total Liabilities **\$ 93,198**

Net (Deficit)

Unrestricted	50,459
Total Net (Deficit)	<u>\$ 50,459</u>

Total Liabilities and Net (Deficit) **\$ 42,739**

See Accompanying Accountant's Review Report

The American Institute of Chemists, Inc.
Statement of Activities
See Notes to Financial Statements
For the Year Ended December 31, 2003

**Unrestricted Net Assets, Revenue, and
Other Support**

Advertising -- Publications and Website	\$ 685
Subscriptions	10,089
Contributions	19,855
Dues	93,479
Interest Income	125
Royalties Income	5,835
Professional Activities	10,170
Student Award Fees	9,000

Total Revenues and Other Support \$ 149,238

Expenses:

Administrative Expenses

Bank and Credit Card Expenses	\$ 1,541
Insurance Expense	555
Interest Expense	1,582
Management Fees Expense	29,426
Office Supplies Expense	583
Rent Expense	15,108
Professional Fees Expense	6,475
Printing & Mailing Expense	1,890

Total Administrative Expenses \$ 57,160

Program Expenses

Computer & Website Expense	\$ 7,751
Travel Expense	14,525
Rent Expense	15,108
Postage Expense	893
Printing & Mailing Expense	1,891
Editorial Expense	5,085
Other Programs Expense	7,547

Total Program Expenses \$ 52,800

The American Institute of Chemists, Inc.
Statement of Activities (Page 2 of 2)
See Notes To Financial Statements
For the Year Ended December 31, 2003

Total Expenses	\$ 109,960
Increase in Unrestricted Net Assets	39,278
Prior Period Adjustments (Net)	4,487
Net (Deficit), at beginning of year	94,224
Net (Deficit) at end of year.	<u>\$ 50,459</u>

See Accompanying Accountant's Review Report

The American Institute of Chemists, Inc.
Statement of Cash Flows
See Notes to Financial Statements
For the Year Ended December 31, 2003

Cash Flows from Operating Activities

Change in Net (Deficit) \$ 39,278

Adjustments

Increase (Decrease) in

Accounts Receivable	(800)
Accounts Payable & Accrued Expenses	(12,630)
Institution Dues	(14,739)
Deferred Dues	455
Deferred Subscriptions	(8,246)
Prepaid Expenses	5,169
Prior Period Adjustments	4,382

Total Adjustments (26,409)

Net Cash Provided by Operating Activities \$ 12,869

Cash Flows from Financing Activities

Net Repayments on Line of Credit Borrowings (4,096)

Net Increase in Cash \$ 8,773

Cash and Cash Equivalents, at Beginning of Year \$ 33,166

Cash and Cash Equivalents, at End of Year \$ 41,939

See Accompanying Accountant's Review Report

The American Institute of Chemists, Inc.
Notes to Financial Statements
For the Year Ended December 31, 2003

Summary of Significant Accounting Policies – Nature of Activities

The American Institute of Chemists, Inc. (AIC) is a not-for-profit corporation whose objectives are to advance the chemical professions in the United States of American and other countries; to promote and protect the public welfare by establishing high professional standards of practice for these professions; and to promote the professional, social, and/or economic interests of its members for the benefit of society at large. AIC derives revenues primarily from membership dues, contributions and publication sales and advertising.

Basis of Accounting

The Financial Statements of AIC have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

Financial Statement presentation follows the recommendations of the Financial Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-for-Profit Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets; unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Membership Dues and Subscription Revenues

Membership dues and subscription revenues are recognized as revenue in the period during which membership benefits are to be provided. Dues and subscription revenues received applicable to future membership periods are included as a liability in deferred revenue at the end of each calendar year. This deferred revenue is then allocated to the appropriate membership period. At December 31, 2003, deferred revenue aggregated \$ 64,868 and is applicable to calendar year 2004.

By agreement, AIC collects dues on behalf of its local institutes (See Note 4). These collections are recognized as current liabilities as received and periodically are paid to the appropriate local institute after presentation of required annual reporting. Dues not claimed by local institutes within a prescribed time period, established by AIC's Board of Directors, revert to AIC.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Organization considers all unrestricted highly liquid investments with an initial maturity of twelve months or less to be cash equivalents.

Contributions

The Organization accounts for contributions in accordance with the recommendations of the Financial Accounting Standards Board SFAS No. 116, Accounting for Contributions Received and Contributions Made. In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence of any donor restrictions.

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. When a donor's restrictions are met in the same reporting period as the receipt of the contribution, such contributions are reported as unrestricted support.

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Tax Status

The Organization is exempt from federal income taxes, except on the earnings from unrelated business activities, under Internal Revenue Code Section 501 (c) (6). Directory and magazine advertising are considered income that may be subject to corporate income tax if revenue from these activities exceeds expenses from the activities. For the period ending December 31, 2003, expenses from these activities have exceeded revenues and therefore no income tax liability was incurred and no provision for taxes is included in these financial statements.

2. Bank Line of Credit

The Organization has a \$ 40,000 revolving line of credit, of which \$ 25,830 was outstanding as December 31, 2003. Bank advances of the credit line are payable on demand and carry an interest rate of 1% over prime (5.25% at December 31, 2003). The credit line is unsecured.

3. Contractual Commitments

Effective December 1, 2002, AIC has contracted with The Chemical Heritage Foundation under which the Foundation will provide certain administration, Bookkeeping and recordkeeping services on behalf of AIC. In addition, the Foundation will provide AIC with office and meeting space in Philadelphia, Pennsylvania. An initial fee of \$ 10,000 that included the Executive Director's fee and expenses for December 2002 and January 2003 was paid at December 1, 2002. Monthly management fees of \$ 2,500 commenced on January 1, 2003. Expenses incurred by the Foundation are billed monthly. The terms of this contract will continue through December 31, 2003. Upon 30 days notice, either party, without cause may terminate the agreement.

4. Local Institutes Related Party Transactions

The Board of Directors of AIC is empowered to recognize one organization of at least fifteen members of AIC in good standing in a discreet geographical area as a constituent local institute and a division of AIC.

The bylaws of AIC state that the local institutes have full autonomy in all matters of concern to their particular geographical areas, but may call upon AIC for advice, counsel, and assistance. All policies and procedures of local institutes shall conform to the bylaws of AIC.

AIC collects and subsequently remits local dues back to the local institutes upon that local institutes completion and filing of required financial and operating reports. A local institute, that fails to submit the required reports for a three-year period, is subject to being declared "inactive" by AIC. This inactive status may be cleared within a two-year period by notifying the National Office, electing officers and filing an annual report for the most recent year. After the two-year period or for other cause, AIC may dissolve a local institute at which time any monies held on behalf of the local institute will revert to AIC after first being applied to any obligations of the local institute. For the year ended December 31, 2003, no such monies reverted to AIC.

End of Notes for Financial Statements

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except for a benefit trust or private foundation)

FILE 2003

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 The American Institute of Chemists, Inc.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 315 Chestnut Street
 City or town State or country ZIP + 4
 Philadelphia PA 19106-2702

D Employer identification number
 13-1525325

E Telephone number
 215-873-8224

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.theaic.org

J Organization type (check only one) 501(c) (6) (insert no. 4947(a)(1) or 527)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **139,214**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	19,855		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		19,855	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		28,713	
	3 Membership dues and assessments	3		84,769	
	4 Interest on savings and temporary cash investments	4		125	
	5 Dividends and interest from securities	5		0	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7 Other investment income (describe _____)	7		0		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	0		
	(B) Other	8a	0		
	Less: cost or other basis and sales expenses	8b	0		
	Gain or (loss) (attach schedule)	8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ 19,855 of contributions reported on line 1a)	9a	0		
	b Less: direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0	
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11 Other revenue (from Part VII, line 103)	11		5,752		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		139,214		
Expenses	13 Program services (from line 44, column (B))	13		31,925	
	14 Management and general (from line 44, column (C))	14		78,915	
	15 Fundraising (from line 44, column (D))	15		0	
	16 Payments to affiliates (attach schedule)	16		0	
	17 Total expenses (add lines 16 and 44, column (A))	17		110,840	
Net Asset	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		28,374	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-94,224	
	20 Other changes in net assets or fund balances (attach explanation)	20		9,657	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-56,193	

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	0			
26	Other salaries and wages	26	0			
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies	33	583	583		
34	Telephone	34	893	893		
35	Postage and shipping	35	1,851	1,851		
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	330	330		
39	Travel	39	14,525	14,525		
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	1,582	1,582		
42	Depreciation, depletion, etc. (attach schedule)	42	0			
43	Other expenses not covered above (itemize): a	43a	0			
	b See Statement One (1)	43b	91,076	31,925	59,151	
	c	43c	0			
	d	43d	0			
	e	43e	0			
	f	43f	0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	110,840	31,925	78,915	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? See Statement Two (2)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	See Statement Three (3)	(Grants and allocations \$)	31,925
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		31,925

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	11,948	45	9,283
	46 Savings and temporary cash investments	20,852	46	32,656
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0		
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,169	53	5,169
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
b Less: accumulated depreciation (attach schedule)	55b 0	55c 0		
56 Investments—other (attach schedule)		56	0	
57 a Land, buildings, and equipment: basis	57a 0			
b Less: accumulated depreciation (attach schedule)	57b 0			57c 0
58 Other assets (describe)		58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)		37,969	59	47,909
Liabilities	60 Accounts payable and accrued expenses	14,739	60	2,500
	61 Grants payable		61	
	62 Deferred revenue	78,418	62	75,772
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	29,927	64b	25,830
65 Other liabilities (describe See Statement Four)	9,109	65		
66 Total liabilities (add lines 60 through 65)		132,193	66	104,102
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-94,224	67	-56,193
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		-94,224	73	-56,193
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		37,969	74	47,909

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities . . . \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	0

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities . . . \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Sharon Dobson Str 315 Chestnut Street City Philadelphia ST PA ZIP 19106	Title Executive Direc Hr/WK 24	0	0	0
Name List of Board of Dir Str City ST ZIP	Title Hr/WK	0	0	0
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
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Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed	PA	
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	
91	The books are in care of Name Sharon Dobson Telephone no. (215) 873 8224 Located at 315 Chestnut Street City Philadelphia ST PA Zip + 4 19106		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Income See Statement Five (5)		685			28,028
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					84,769
95 Interest on savings and temporary cash investments			14	125	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Royalty Income			15	5,752	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		685		5,877	112,797
105 Total (add line 104, columns (B), (D), and (E))					119,359

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement Six (6)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Preparer's Use Only

Preparer's signature _____ Date 1/9/2006 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) 260500116

Firm's name (or yours if self-employed), address, and ZIP + 4 Leopold Galliera CPA
1832 E Cambria Street, Philadelphia, PA 19134

EIN _____ Phone no. (215) 291 0400

Line 20 (990) - Other changes in net assets or fund balances

1	Local Institute Dues Expirations	1	8,978
2	Interest Forgiven	2	131
3	Accounting Adjustments	3	548
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	9,657

American Institute of Chemists, Inc. 13-1525325
IRS Form 990, Federal Statements One (1) Through Six (6)
Calendar Year 2003

Statement One (1) – Part 11, Line 43:

Item	Total	Program Services	Management & General	Fund- Raising
Management Fees	\$ 29,426		\$ 29,426	
Rent	30,216	\$ 15,108	15,108	
Insurance Expense	555		555	
Meetings Expense	1,344	1,344		
Credit Card Fees	1,541	1,541		
General & Admini- strative Expense	4,156		4,156	
Professional Fees	6,475		6,475	
Member Certificates	140	140		
Organizational				
Sponsor Expense	795		795	
Printing & Mailing	3,781	1,891	1,890	
Editorial Expense	5,085	5,085		
Website Expense	7,562	7,562		
Totals	\$ 91,076	\$ 31,925	\$ 59,151	

Statement Two (2) – Part III – Organization’s Primary Exempt Purpose:

To advance the chemical professions in the United States and other countries; To promote and protect the public welfare by establishing high professional standards of practice for the professions; and To promote the professional, social, and/or economic interests of its members for the benefit of society at large.

Statement Three (3) – Part III, Line A, Statement of Program Service Accomplishments:

The Institute’s printed magazine, “The Chemist” gives a complete account of the Institute’s activities. Copies of the magazine will be furnished upon request.

Details concerning contributions are on hand and are available for inspection at the Institute’s Offices.

Program Service Expenses were \$ 31,925 for calendar year 2003.

American Institute of Chemists, Inc. 13-1525325
IRS Form 990, Federal Statements One (1) Through Six (6) Continued
Calendar Year 2003

Statement Four (4) – Part III, Line 65, Other Liabilities:

Various local chapters of The American Institute of Chemists, Inc. agreed to allow the Institute to retain membership dues of \$ 8,978 due them.

Statement Five (5) – Part VII, Line 93, Program Service Revenue:

Gross Receipts from Advertisements in the Chemist Magazine (Unrelated Business Income) amounted to \$ 685 and related direct expenses were \$ 1,871. The business code for this income is 541800.

Statement Six (6) – Part VIII, Relationship of Activities to the Accomplishment of Exempt Purposes:

These programs serve to keep chemistry professional informed of developments within related fields and provide professional with a vehicle for pursuit of common interests. In addition, chemistry students are able to obtain information that helps them in their pursuit of a career in various chemical related fields.

These programs also promote membership among chemical professionals.

End of Notes to IRS Form 990 for calendar year 2003.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2003

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or other tax year beginning _____, and ending _____
▶ See separate instructions.

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Name of organization (<input type="checkbox"/> check box if name changed and see instructions) The American Institute of Chemists, Inc.</p> <p>Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) 315 Chestnut Street</p> <p>City or town State ZIP code Philadelphia PA 19106-2702</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 7.) 13-1525325</p> <p>E New unrelated business activity codes (See instructions for Block E on page 7.) 541800</p>
<p>C Book Value of all assets at end of year 47,909</p>	<p>F Group exemption number (see instructions for Block F on page 7) ▶</p>	<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Sharon Dobson** Telephone number ▶

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c	0		
2 Cost of goods sold (Schedule A, line 7)	2	0		
3 Gross profit (subtract line 2 from line 1c)	3	0		0
4 a Capital gain net income (attach Schedule D)	4a	0		0
b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	4b	0		0
c Capital loss deduction for trusts	4c	0		0
5 Income (loss) from partnerships and S corporations (attach statement)	5			0
6 Rent income (Schedule C)	6	0	0	0
7 Unrelated debt-financed income (Schedule E)	7	0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8	0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0	0
10 Exploited exempt activity income (Schedule I)	10	0	0	0
11 Advertising income (Schedule J)	11	685	1,891	-1,206
12 Other income (see page 9 of the instructions—attach schedule)	12	0		0
13 Total (combine lines 3 through 12)	13	685	1,891	-1,206

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	0
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	0
19 Taxes and licenses	19	
20 Charitable contributions (see page 11 of the instructions for limitation rules)	20	0
21 Depreciation (attach Form 4562)	21	0
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	0
27 Excess readership costs (Schedule J)	27	0
28 Other deductions (attach schedule)	28	0
29 Total deductions (add lines 14 through 28)	29	0
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	-1,206
31 Net operating loss deduction	31	0
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	-1,206
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	0
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-1,206

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total rows for columns 2(a), 2(b), and 3. Total deductions. Enter here and on line 6, column (B), Part I, page 1.

Schedule E—Unrelated Debt-Financed Income (See instructions on page 16.)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Column 4 divided by column 5, 7 Gross income reportable (column 2 x column 6), 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)).

Totals row for Schedule E. Enter here and on line 7, col. (A), Part I, page 1.

Total dividends-received deductions included in column 8

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 17.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in col (5).

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

Totals row for Schedule F. Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1. Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of Income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
Totals	Enter here and on line 9, column (A), Part I, page 1. 0			Enter here and on line 9, column (B), Part I, page 1. 0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals	Enter here and on line 10, col. (A), Part I, pg. 1. 0	Enter here and on line 10, col. (B), Part I, pg. 1. 0				Enter here and on line 26, Part II, page 1. 0

Schedule J—Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0	0	0	0	0	0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) The Chemist	685	1,891	-1,206			
(2)						
(3)						
(4)						
(5) Totals from Part I	0	0				0
Totals, Part II (lines 1-5)	Enter here and on line 11, col. (A), Part I, pg. 1. 685	Enter here and on line 11, col. (B), Part I, pg. 1. 1,891				Enter here and on line 27, Part II, page 1. 0

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0.00%	0
		0.00%	0
		0.00%	0
		0.00%	0
Total —Enter here and on line 14, Part II, page 1			0

Line 90a (990) - States with which a copy of this return is filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

Filing Instructions:

Dr. Reilly:

Sign the 990 and the 990T (2 signatures) and mail to the IRS.

Use the enclosed envelope.

Questions: Call me at (215) 291 0400

Your PA Return will follow shortly.

Thank you

Today's Date 1/20/2006

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

The American Institute of Chemists, Inc.

Number and street (or P.O. box if mail is not delivered to street address)

315 Chestnut Street

City or town

Philadelphia

State or country

PA

Room/suite

ZIP + 4

19106-2702

D Employer identification number

13-1525325

E Telephone number

215-873-8224

F Accounting method: Cash Accrual

Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? Yes No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: www.theaic.org

J Organization type (check only one) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **139,214**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	19,855		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		19,855	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		28,713	
3 Membership dues and assessments	3		84,769	
4 Interest on savings and temporary cash investments	4		125	
5 Dividends and interest from securities	5		0	
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7 Other investment income (describe _____)	7		0	
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	0 8a	0		
b Less: cost or other basis and sales expenses	0 8b	0		
c Gain or (loss) (attach schedule)	0 8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ 19,855 of contributions reported on line 1a)	9a	0		
b Less: direct expenses other than fundraising expenses	9b	0		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0	
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11 Other revenue (from Part VII, line 103)	11		5,752	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		139,214	
13 Program services (from line 44, column (B))	13		31,925	
14 Management and general (from line 44, column (C))	14		78,915	
15 Fundraising (from line 44, column (D))	15		0	
16 Payments to affiliates (attach schedule)	16		0	
17 Total expenses (add lines 16 and 44, column (A))	17		110,840	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		28,374	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-94,224	
20 Other changes in net assets or fund balances (attach explanation)	20		9,657	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-56,193	

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23 Specific assistance to individuals (attach schedule)	0			
24 Benefits paid to or for members (attach schedule)	0			
25 Compensation of officers, directors, etc.	0			
26 Other salaries and wages	0			
27 Pension plan contributions	0			
28 Other employee benefits	0			
29 Payroll taxes	0			
30 Professional fundraising fees	0			
31 Accounting fees	0			
32 Legal fees	0			
33 Supplies	583		583	
34 Telephone	893		893	
35 Postage and shipping	1,851		1,851	
36 Occupancy	0			
37 Equipment rental and maintenance	0			
38 Printing and publications	330		330	
39 Travel	14,525		14,525	
40 Conferences, conventions, and meetings	0			
41 Interest	1,582		1,582	
42 Depreciation, depletion, etc. (attach schedule)	0			
43 Other expenses not covered above (itemize): a	0			
b See Statement One (1)	91,076	31,925	59,151	
c	0			
d	0			
e	0			
f	0			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	110,840	31,925	78,915	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> See Statement Two (2)	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement Three (3)	
(Grants and allocations \$)	31,925
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	31,925

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	11,948	45	9,283	
	46	Savings and temporary cash investments	20,852	46	32,656	
	47 a	Accounts receivable	47a			
		b Less: allowance for doubtful accounts	47b	0	47c	801
	48 a	Pledges receivable	48a			
		b Less: allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
		b Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		5,169	53	5,169
	54	Investments—securities (attach schedule)		0	54	0
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55 a	Investments—land, buildings, and equipment: basis	55a	0		
		b Less: accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a	0		
		b Less: accumulated depreciation (attach schedule)	57b	0	57c	0
58	Other assets (describe _____)		0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)			37,969	59	47,909	
Liabilities	60	Accounts payable and accrued expenses	14,739	60	2,500	
	61	Grants payable		61		
	62	Deferred revenue	78,418	62	75,772	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
		b Mortgages and other notes payable (attach schedule)	29,927	64b	25,830	
	65	Other liabilities (describe <u>See Statement Four</u>)	9,109	65		
66 Total liabilities (add lines 60 through 65)			132,193	66	104,102	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	-94,224	67	-56,193	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		-94,224	73	-56,193
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		37,969	74	47,909

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	0

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Sharon Dobson Str 315 Chestnut Street City Philadelphia ST PA ZIP 19106	Title Executive Direc Hr/WK 24	0	0	0
Name List of Board of Dir Str City ST ZIP	Title Hr/WK	0	0	0
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			
Name ----- Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
90 a	List the states with which a copy of this return is filed ▶ PA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b		
91	The books are in care of ▶ Name Sharon Dobson Telephone no. ▶ (215) 873 8224 Located at ▶ 315 Chestnut Street City Philadelphia ST PA Zip +4 ▶ 19106		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings, Dividends, Net rental income, Other investment income, and Subtotal.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only: Preparer's signature, Date (1/9/2006), Check if self-employed, Preparer's SSN or PTIN (260500116), Firm's name (Leopold Galliera CPA), address, EIN, and Phone no. ((215) 291 0400).

Line 20 (990) - Other changes in net assets or fund balances

1	Local Institute Dues Expirations	1	8,978
2	Interest Forgiven	2	131
3	Accounting Adjustments	3	548
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	9,657

American Institute of Chemists, Inc. 13-1525325
IRS Form 990, Federal Statements One (1) Through Six (6)
Calendar Year 2003

Statement One (1) – Part 11, Line 43:

Item	Total	Program Services	Management & General	Fund- Raising
Management Fees	\$ 29,426		\$ 29,426	
Rent	30,216	\$ 15,108	15,108	
Insurance Expense	555		555	
Meetings Expense	1,344	1,344		
Credit Card Fees	1,541	1,541		
General & Admini- strative Expense	4,156		4,156	
Professional Fees	6,475		6,475	
Member Certificates Organizational	140	140		
Sponsor Expense	795		795	
Printing & Mailing	3,781	1,891	1,890	
Editorial Expense	5,085	5,085		
Website Expense	7,562	7,562		
Totals	\$ 91,076	\$ 31,925	\$ 59,151	

Statement Two (2) – Part III – Organization’s Primary Exempt Purpose:

To advance the chemical professions in the United States and other countries; To promote and protect the public welfare by establishing high professional standards of practice for the professions; and To promote the professional, social, and/or economic interests of its members for the benefit of society at large.

Statement Three (3) – Part III, Line A, Statement of Program Service Accomplishments:

The Institute’s printed magazine, “The Chemist” gives a complete account of the Institute’s activities. Copies of the magazine will be furnished upon request.

Details concerning contributions are on hand and are available for inspection at the Institute’s Offices.

Program Service Expenses were \$ 31,925 for calendar year 2003.

American Institute of Chemists, Inc. 13-1525325
IRS Form 990, Federal Statements One (1) Through Six (6) Continued
Calendar Year 2003

Statement Four (4) – Part III, Line 65, Other Liabilities:

Various local chapters of The American Institute of Chemists, Inc. agreed to allow the Institute to retain membership dues of \$ 8,978 due them.

Statement Five (5) – Part VII, Line 93, Program Service Revenue:

Gross Receipts from Advertisements in the Chemist Magazine (Unrelated Business Income) amounted to \$ 685 and related direct expenses were \$ 1,871. The business code for this income is 541800.

Statement Six (6) – Part VIII, Relationship of Activities to the Accomplishment of Exempt Purposes:

These programs serve to keep chemistry professional informed of developments within related fields and provide professional with a vehicle for pursuit of common interests. In addition, chemistry students are able to obtain information that helps them in their pursuit of a career in various chemical related fields.

These programs also promote membership among chemical professionals.

End of Notes to IRS Form 990 for calendar year 2003.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2003

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or other tax year beginning _____, and ending _____
▶ See separate instructions.

A Check box if address changed

B Exempt under section
 501(c) (6)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (check box if name changed and see instructions)
The American Institute of Chemists, Inc.
 Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)
315 Chestnut Street
 City or town State ZIP code
Philadelphia PA 19106-2702

D Employer identification number
 (Employees' trust, see instructions for Block D on page 7.)
13-1525325

E New unrelated business activity codes
 (See instructions for Block E on page 7.)
541800

C Book Value of all assets at end of year
47,909

F Group exemption number (see instructions for Block F on page 7) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Sharon Dobson** Telephone number ▶

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c	0		
2 Cost of goods sold (Schedule A, line 7)	2	0		
3 Gross profit (subtract line 2 from line 1c)	3	0		0
4 a Capital gain net income (attach Schedule D)	4a	0		0
b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	4b	0		0
c Capital loss deduction for trusts	4c	0		0
5 Income (loss) from partnerships and S corporations (attach statement)	5			0
6 Rent income (Schedule C)	6	0	0	0
7 Unrelated debt-financed income (Schedule E)	7	0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8	0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0	0
10 Exploited exempt activity income (Schedule I)	10	0	0	0
11 Advertising income (Schedule J)	11	685	1,891	-1,206
12 Other income (see page 9 of the instructions—attach schedule)	12	0		0
13 Total (combine lines 3 through 12)	13	685	1,891	-1,206

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		0
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		0
19 Taxes and licenses	19		
20 Charitable contributions (see page 11 of the instructions for limitation rules)	20		0
21 Depreciation (attach Form 4562)	21	0	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b align="right">0
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		0
27 Excess readership costs (Schedule J)	27		0
28 Other deductions (attach schedule)	28		0
29 Total deductions (add lines 14 through 28)	29		0
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30		-1,206
Net operating loss deduction	31		0
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32		-1,206
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		0
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-1,206

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44f), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A—Cost of Goods Sold — Enter method of inventory valuation▶

Table with 3 columns: Line number, Description, and Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer, Date, Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Preparer's Use Only

Preparer's signature, Date (1/9/2006), Check if self-employed, Preparer's SSN or PTIN (260500116), Firm's name (Leopold Galliera CPA), address, and ZIP code (1832 E Cambria Street, Philadelphia, PA 19134), EIN, Phone no. ((215) 291 0400)

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

Table with 1 column for description of property, rows (1) through (4).

Table for Rent received or accrued, columns (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total row for Schedule C, including Total income and Total deductions.

Schedule E—Unrelated Debt-Financed Income (See instructions on page 16.)

Table for Schedule E, columns 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, and 3 Deductions directly connected with or allocable to debt-financed property.

Table for Schedule E, columns 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, and 8 Allocable deductions.

Totals row for Schedule E, including Total dividends-received deductions.

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 17.)

Table for Schedule F, Exempt Controlled Organizations, columns 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, and 6 Deductions directly connected with income in col (5).

Table for Schedule F, Nonexempt Controlled Organizations, columns 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, and 11 Deductions directly connected with income in column (10).

Totals row for Schedule F, including instructions for adding columns 5 and 10, and 6 and 11.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
Totals	0			0

Enter here and on line 9, column (A), Part I, page 1.

Enter here and on line 9, column (B), Part I, page 1.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals	0	0				0

Enter here and on line 10, col. (A), Part I, pg. 1.

Enter here and on line 10, col. (B), Part I, pg. 1.

Enter here and on line 26, Part II, page 1.

Schedule J—Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0	0	0	0	0	0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) The Chemist	685	1,891	-1,206			
(2)						
(3)						
(4)						
(5) Totals from Part I	0	0				0
Totals, Part II (lines 1-5)	685	1,891				0

Enter here and on line 11, col. (A), Part I, pg. 1.

Enter here and on line 11, col. (B), Part I, pg. 1.

Enter here and on line 27, Part II, page 1.

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0.00%	0
		0.00%	0
		0.00%	0
		0.00%	0
Total —Enter here and on line 14, Part II, page 1			0

Line 90a (990) - States with which a copy of this return is filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

COPY

Charitable Organization Registration Statement - Form BCO - 10
For the Fiscal Year Which Ended : 12 / 31 / 2003

Employer Identification # 13-1525325 Certificate # _____

Check if registering voluntarily. (See note under "Important Information".)

1. Legal name of organization: The American Institute of Chemists, Inc.
 Check if name change. Previous name: _____

2. c/o _____
Street address 315 Chestnut Street - 4th Floor
City Philadelphia State PA Zip Code 19106
County Philadelphia
Phone # 215-873-8229 800 # _____ Fax # 215-925-1954

3. All other names used to solicit contributions: _____
N/A

4. Organizations described in Section 162.7(a) of the Act, check section which describes organization (See footnote #2 of Instructions. Volunteer registrants do not respond.):
162.7(a)(1) 162.7(a)(2) 162.7(a)(3) 162.7(a)(4) Not Applicable

5. List type of organization (e.g. corporation, association, etc.), where established, and date established. See Attached Documents

(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

6. Date organization first solicited contributions from Pennsylvania residents: 1 / 1 / 2003

7. If organization solicited and received gross national contributions totaling more than \$25,000 during the fiscal year covered by this registration statement or during its current fiscal year, give date contributions first totaled more than \$25,000. _____ / _____ / N/A

8. Is any person compensated or do you intend to compensate any person for soliciting contributions from Pennsylvania? Yes No If "yes", give date person started or will start soliciting contributions from Pennsylvania residents. _____ / _____ / _____ (Do not check "yes" if you only use or intend to only use a professional fund raising counsel.)

See Documents Attached

7. Has organization been granted IRS tax-exempt status? Yes No (If "yes", please submit copy of IRS exemption letter if not previously submitted.) If "yes", were you required to file an IRS 990 Return and Schedule A for your immediate preceding fiscal year? Yes No . (If "no", attach explanation of why organization is exempt from filing an IRS 990 Return.)

10. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "yes", attach copy of denial, revocation, or modification.)

11. Purposes and programs for which contributions are, or will be, used:

See Attached Documents

12. Manner in which contributions are solicited (eg. direct mail, telephone, etc.):

By mail to Members only.

13. Is organization registered to solicit contributions in any other state or municipality? Yes No (If "yes", list all states and municipalities. Attach separate sheet if necessary.)

Maryland and Washington D.C.

14. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited. (Attach separate sheet if necessary.)

N/A

15. Names, addresses, and telephone numbers of all professional fund raising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents. (Attach separate sheet if necessary.)

N/A

16. Attach names, addresses, and telephone numbers of any commercial coventurers under contract with your organization.

N/A

17. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes No Not Applicable
(See note under "Important Information".)

18. Are you a Pennsylvania affiliate of a parent organization which has elected to file a combined registration on your behalf? Yes No (If "yes", give the name and, if available, certificate # of your parent organization. See note under "Important Information".)

(Legal name of parent organization)

(Certificate #)

19. Does your organization share revenue or formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "yes", attach explanation listing name, address, type of organization, and relationship to your organization.)

20. Does any other domestic or foreign organization own a 10% or greater interest in your organization or does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

21. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary.)

N/A

22. Names and addresses for: (Attach separate sheet if necessary.)

Individual(s) responsible for the custody and/or distribution of contributions:

Sharon Dobson
315 Chestnut Street
Philadelphia, PA 19106

Individual(s) responsible for solicitation activities:

Dr. David Riley
858 Princeton Courter
Neshanic Station, NJ 08853

Individual(s) responsible for custody of financial records:

Dr. David Riley

23. Attach names and addresses of all officers, directors, trustees, and executive staff officers.

None (Not Applicable)

names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Any other officer, director, trustee, or employee? Yes No

Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

Any supplier or vendor providing goods or services? Yes No

25. If you answer "Yes" to any of the following, please attach full written explanations and copies of all relevant documents. Has organization or any of its officers, directors, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as an assurance of voluntary compliance or discontinuance with any District Attorney, Office of Attorney General, or local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 Pa. C.S. § 4904.

Signature of Chief Fiscal Officer

David Riley

Type or Print Name and Title of Chief Fiscal Officer

Date _____

Signature of Another Authorized Office

Type or Print Name and Title of Another Authorized Officer

Date _____

INSTRUCTIONS

So your registration can be approved, please enclose the following:

- A properly completed and signed BCO-10 registration statement.
- A completed and signed copy of your organization's IRS 990 Return and Schedule A. (An organization which is not required to file an IRS 990 Return must file a BCO-23 Form. An organization which files a 990EZ, 990PF, 990T, or an affiliate whose financial information is reported to the IRS on its parent organization's 990 Return must file a BCO-23 Form in addition to filing a copy of the organization's IRS 990 Return and Schedule A. You may request a BCO-23 Form from the Bureau or print the form from our Web site at: www.dos.state.pa.us/char)
- Internally prepared, compiled, reviewed, or audited financial statements. (See chart below). Compiled financial statements must be prepared by a licensed certified public accountant or licensed public accountant. Reviews and audits must be performed by an independent, licensed public accountant or an independent, licensed certified public accountant.)
- Additional Filings: Copies of IRS exemption letter and organizational documents such as charter, articles of incorporation, and by-laws. (Initial registrants only.)
- Registration fee payable to "Commonwealth of Pennsylvania". (See chart below.) For renewal registrants, please include your Certificate number on your check or money order to expedite the processing of your filing.

Gross Contributions ¹	Type of Financial Statements Required	Fee
Section 162.7(a) Organizations ²	None	\$15
\$25,000 or less	Internally Prepared, Compiled, Reviewed, or Audited	\$15
\$25,001 to less than \$50,000	Internally Prepared, Compiled, Reviewed, or Audited	\$100
\$50,000 to \$100,000	Reviewed or Audited ³	\$100
\$100,001 to less than \$125,000	Reviewed or Audited ³	\$150
\$125,000 to \$500,000	Audited	\$150
\$500,001 and over	Audited	\$250

¹ Gross annual contributions are total national contributions from all sources. They are not just contributions received from Pennsylvania. To determine "gross annual contributions" add lines 1a, 1b, and 9a from your organization's IRS 990 return or the line 6 from your BCO-23 Form if not required to file a 990. If your organization filed a 990 EZ, add lines 1 and 6a and subtract any government grants.

² Section 162.7(a): (1) Persons or organizations which solicit contributions for the relief of a specific individual which turn over all contributions collected without any deductions whatsoever to the specific individual; (2) organizations which only use their own members to solicit other bona fide members of the organization; (3) organizations which solicit no more than \$25,000 per year whose fund raising activities are carried on solely by permanent employees; and (4) veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates which are not exempt from registration, did not receive contributions in excess of \$100,000, and did not use a professional solicitor.

³ Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates which are not exempt from registration and are not described under Section 7(a)(4) may file either internally prepared, compiled, reviewed, or audited financial statements.