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Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public Inspection

				2, and ending		, 20
<u>B</u> :	B Check if applicable		C Name of organization		D Employer id	entification number
11	Address c		AMERICAN CHEMICAL SOCIETY DELAWARE	SECTION	<u> </u>	51-6015899
	Name change Number & street (or PO box, if mail is not delivered to street addr.) Room/ suite E Telepho					
	nıtıal retui	rn				
	Terminated	d		(302)695-3271		
_	Amended i		City or town, state or country, and ZIP + 4		F Group Exemp	otion
	Application pending	n	Montchanin DE 19710		Number ▶	
G	Accounti	ng Method.	X Cash	H CH	neck ▶ X if the	organization is not
	Websit	required to attach	Schedule B			
J ·	Z, or 990-PF).					
K	Check ▶	if the orgar	nization is not a section 509(a)(3) supporting organization or a	section 527 organ	ızation and its gr	oss receipts are normally
1	not more	than \$50,000.	A Form 990-EZ or Form 990 return is not required though Fo	rm 990-N (e-post	tcard) may be req	uired (see instructions).
	But if the	organization o	chooses to file a return, be sure to file a complete return			
L	Add line:	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more,	or if total assets (I	Part II,
	line 25, d	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-	EZ		59,278
Р	art I	Revenue,	Expenses, and Changes in Net Assets or Fur	nd Balances (see the instruction	s for Part I)
		Check if the	organization used Schedule O to respond to any question in	this Part I	· · · · · · · · · · · · · · · · · · ·	X
	1	Contributions	s, gifts, grants, and similar amounts received		1	17,660
	2	Program serv	rice revenue including government fees and contracts		2	8,513
	3	Membership	dues and assessments · · · · · · · · · · · · · · · · · · ·		3	25,626
	4	Investment in	ncome		4	6,246
	5a	Gross amour	nt from sale of assets other than inventory	5a	1,233	
	ь	Less cost or	other basis and sales expenses	5b		
F	, c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from	5c	1,233	
REVENU	6	Gaming and				
Ě	а	Gross income	e from gaming (attach Schedule G if greater than			
N		\$15,000) · ·		6a		
Ē		Gross income	e from fundraising events (not including \$	of contribu	tions	
		from fundrais	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000)	6b		
	С	Less direct e	expenses from gaming and fundraising events · · ·	6c		
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and	6b and subtract		
		line 6c)			6d	
	7a	Gross sales o	of inventory, less returns and allowances	7a		
	b	Less. cost of	goods sold	7b		
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)	ECEIVEL) 7c	
	8	Other revenu	e (describe in Schedule O)		…ിവി…	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		ე○▶ 9	59,278
	10	Grants and si	imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·	MAY 0 8 201	····	6,740
E	11	Benefits paid	to or for members · · · · · · · · · · · · · · · · · · ·		11	
EXPENSES	12	Salaries, other	er compensation, and employee benefits	OGDEN, L	12	
Ē	13	Professional 1	fees and other payments to independent contractors .		· · · · · <u>13</u>	597
N S	14	Occupancy, i	rent, utilities, and maintenance · · · · · · · · · · · · · · · · · · ·		14	
É	15	Printing, publ	ications, postage, and shipping		15	18,950
3	16	· ·	(<u>16</u>	20,239
	17	Total expens	ses. Add lines 10 through 16		17	46,526
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	12,752
NET	3 19		fund balances at beginning of year (from line 27, column (A)) $$	-		
E	2		figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			284,212
٠ <u>آ</u>	20	-	es in net assets or fund balances (explain in Schedule O) \cdots			14,168
`	21	Net assets or	fund balances at end of year. Combine lines 18 through 20 · ·	· · · · · · · · · · · · · · · · · · ·	▶ 21	311,132

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

For		EMICAL SOCIE	<u> FY 51</u>	<u>-60158</u>	99		Page 2
P	Balance Sheets (see the instruct	tions for Part II)					_
`	Check if the organization used Sched	ule O to respond to any	question in th	s Part II			
		•		(A) Begi	nning of year		(B) End of year
22	Cash, savings, and investments				284,212	22	311,132
23	Land and buildings				C	23	0
24	Other assets (describe in Schedule O)				C	24	0
25	Total assets				284,212	25	311,132
26	Total liabilities (describe in Schedule O)				C	26	0
27	Net assets or fund balances (line 27 of col	lumn (B) must agree wit	h line 21)		284,212	27	311,132
P	Statement of Program Serv	•	•		· -		Expenses (Required for section
De: as pei	Check if the organization used Scheo at is the organization's primary exempt purpose scribe the organization's program service accor measured by expenses. In a clear and concise sons benefited, and other relevant information	e? CONTINUINO	G EDUCA	TION I	N SCIENCE ervices,	2	(Naguilar Lin Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28	See attachment #1						
29	(Grants \$) If this am	ount includes foreign gra	ants, check he	ere		288	6,740
	(Grants \$) If this am	ount includes foreign gra	ants, check he	ere		298	18,950
30							
	(Grants \$) If this am	ount includes foreign gra	ants, check he	re	▶	308	15,270
31	Other program services (describe in Schedule	: O)					
		ount includes foreign gra				318	
	Total program service expenses (add lines			_		32	
P	List of Officers, Directors, Trustee	s, and Key Employees	List each one	even if not o	ompensated. (see	the i	Instructions for Part IV)
_	Check if the organization used Sche		question in t	his Part IV			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Representation (Forms W-2) (if not paid	ensation /1099 MISC) , enter -0-)	(d) Health benefit contributions to employee benefit p deferred compens	ts, o lans, 8 ation	(e) Estimated amount of other compensation
Se	ee attachment #2						
						-	
					· · · · · · · · · · · · · · · · · · ·	,	
_							
				i			
					-		

JVA

Form 990-F7 (2012) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part.V Yes| No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . 33 X 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Χ 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Χ 35a Χ b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a **b** If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ , section 4912 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ... 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed \(\) DE The organization's books are in care of ▶ See attachment #3 Telephone no. Located at No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here...... 43 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X **c** Did the organization receive any payments for indoor tanning services during the year? . . . 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ	(2012)							_	<u>age 4</u>
								Yes	No
	organization engage, directly or indirectly		-		• •		-		1,
	didates for public office? If "Yes," complete		<u>rt I</u>		• • • • • •		46		Χ
Part Vi	Section 501(c)(3) organization All section 501(c)(3) organizations mus 50 and 51	•	ns 47-49	b and 52, and comp	olete the ta	bles for lines			
	Check if the organization used Schedu	ile O to respond t	to any q	uestion in this Part V	1				[
								Yes	No
	organization engage in lobbying activities f "Yes," complete Schedule C, Part II		, ,		•		47		Х
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									Х
19a Did the	organization make any transfers to an exe	empt non-charita	ble relat	ed organization?			49a		Х
	" was the related organization a section 52	•					49b		X
	ete this table for the organization's five hig	· · · · · · · · · · · · · · · · · · ·	-	•			еу		
employ	rees) who each received more than \$100,0			the organization. If					
	(a) Name and title of each employee paid more than \$100,000	(b) Averag	week	compensation (Forms	utions to em	ipioyee benefit plans, `	B) Estima		
NONE	para more than \$100,000	devoted to p	osition	W-2/1099-MISC)	and defer	red compensation	other co	mpensa	ition
NONE		İ							
					 				
					Ì	•			
					ļ ,				
	· · · · · · · · · · · · · · · · · · ·					· ·			
•						-			
f Total n	umber of other employees paid over \$100	2.000 ▶		<u> </u>				· · · · · · · ·	
	ete this table for the organization's five hig		d indon	andant contractors w	iho oach r	acowed more than			
	00 of compensation from the organization.				nio each i	eceived more man			
(a) Name and	d address of each independent contractor paid mo	ore than \$100,000		(b) Type of service		(c) Com	pensatio	n	
NONE									
· -									
	umber of other independent contractors e	-							
	organization complete Schedule A? Note						П.,		١
•	mpt chantable trusts must attach a compl		•				Ye	- <u>p</u> r	No
	of perjury, I declare that I have examined this ret d complete. Declaration of preparer (other than o						e and bel	ief, it is	
	Many 9. Bor	lr-							
Sign	Signature of officer U					İ	Date	2	_
lere	Mary J Bock			Treasu	rer		_5]	3/1	<u> 2</u>
	Type or print name and title	_//		1	<i>n</i>		<u> </u>	1	
	I I	eparer's signature	·	Date	1,0	I CHECK LI " P.	JIN .	_	1
Paid	John Morgan	<u> </u>	1/2	n 15/0	112	self-employed	00	02	<u>LU</u>
Preparer	Firm's name HRB TAX GROU			·	1	Firm's EIN	7.60	<u> </u>	
Jse Only	Firm's address > SHIPLEY SQUA		1	1		Phone no. 302-	762-		
/lay the IRS o	discuss this return with the preparer show	n above? See ins	tructions			<u> </u>	X Ye	<u>s_</u>	No

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization AMERICAN CHEMICAL SOCIETY DELAWARE SECTION 51-6015899 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization?.... 11g(i) X (ii) A family member of a person described in (i) above?..... 11g(ii) 11g(iii) h Provide the following information about the supported organization(s) (Vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify the (vii) Amount of organization in col. (i) in col (i) listed in your organization in col (i) organization monetary support (described on lines 1-9 organized in the above or IRC section governing document? of your support? U.S.? (see instructions)) Yes No Yes Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

	(Complete only if you checked the Part III. If the organization fails to qu			-	· ·	unaci	
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	52,704	47,594	46,628	49,130	51,799	247,855
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				···		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	52,704	47,594	46,628	49,130	51,799	247,855
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					-	
6	Public support. Subtract line 5 from line 4				, ,		247,855
Sec	tion B. Total Support					_	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	52,704	47,594	46,628	49,130	51,799	247,855
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,822	5,350	5,643	6,999	6,246	32,060
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						279,915
12	Gross receipts from related activities, etc. (see	e instructions) .				12	
13	First five years. If the Form 990 is for the org organization, check this box and stop here.	anization's first, s	econd, third, fou	irth, or fifth tax ye	ear as a section		▶[
Sec	tion C. Computation of Public Sup	port Percent	age				-
14	Public support percentage for 2012 (line 6, co			ın (f)) · · ·		14	88.55%
15	Public support percentage from 2011 Schedule A, Part II, line 14 · · · · · · · · · · · · · · · · · ·						
16a	33 1/3% support test 2012. If the organization qualifies as	ation did not chec	k the box on line	e 13, and line 14	is 33 1/3% or m	nore, check this b	
b	33 1/3% support test 2011. If the organization and stop here. The organization qualifies						this _
17a	10%-facts-and-circumstances test 2012 more, and if the organization meets the "facts organization meets the "facts-and-circumstances"	-and-circumstan	ces" test, check	this box and st	op here. Explan	n in Part IV how t	he
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts organization meets the "facts-and-circumstances"	-and-circumstand	ces" test, check	this box and st	op here. Explai	n in Part IV how t	

<u> 18</u>

JVA

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Inspection

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

2012 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

Employer identification number

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

51-6015899

Awards include Blunt Scholarship (750), Carothers Award (2000), DE Section Award (1000), College Student Award (571), H.S. Teacher and Student Awards (475) and Student Textbook Awards (536).

Other expenses include travel (7075), local meetings (8195), special events (3239) and adminstrative costs (1355).

LINE 20; Unrealized gain in value of Vanguard account.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990- Open to Public	-EZ Page 3, Part II	I			
Inspection For calendar year 2012 or tax pe	riod beginning	, and ending	•		
Name of Organization	DDT 14410000000000000000000000000000000000	Employer Identification Number			
AMERICAN CHEMICAL SOCIETY Part III - Statement of Program Service Accompli	DELAWARE SECTION	51-6015899			
Grants and allocations	Amount includes foreign grants	D	6,740		
Grants and anocations	Exempt Purpose Achievem	Program service expenses	0,740		
AWARDS AND SCHOLARSHIPS FOR	R ACADEMIC ACHIEVEN	TENT			
			i		

990 PROGRAM SERVICE ACCOMPLISHMENT

Open to Public Inspection For calendar year 2012 or tax period beginning and ending Name of Organization Employer Identification Number AMERICAN CHEMICAL SOCIETY DELAWARE SECTION Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants Program service expenses 18,950 Exempt Purpose Achievements PUBLICATION OF THE DELAWARE CHEMICAL BULLETIN FOR 2000 MEMBERS.
Name of Organization AMERICAN CHEMICAL SOCIETY DELAWARE SECTION Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants Employer Identification Number 51-6015899 Program service expenses 18,950 Exempt Purpose Achievements
AMERICAN CHEMICAL SOCIETY DELAWARE SECTION 51-6015899 Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants Program service expenses 18,950 Exempt Purpose Achievements
Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants Program service expenses 18,950 Exempt Purpose Achievements
Grants and allocations Amount includes foreign grants Program service expenses 18,950 Exempt Purpose Achievements
Exempt Purpose Achievements

990 PROGRAM SERVICE ACCOMPLISHMENT

Open to Public	1: page	3 - 990-	EZ Page 3, P	art III			
Inspection		ear 2012 or tax peri	od beginning		, and ending		
Name of Organizatio					-	Employer Identification Nu	mber
AMERICAN C			DELAWARE SEC	TION		51-6015899	
Part III - Statemer		ervice Accomplisi		<u> </u>			15 070
Grants and allocation	ons		Amount includes foreig		gram service e	expenses	15,270
TOCAT AND	אוא יד י אוא ד	MEETINGO		e Achievements	אד רווא ל	MPLEMENTATION.	
LOCAL AND	NALIONAL	MEETINGS	FOR PROGRAM	PLIMINITING	AND II	APLEMENTATION.	·
						•	
1							
•							
18							
							1

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment Open to Public	2: page 1 - 99	0-EZ Page 2,	Part IV		
	For colondar year 2012 or to	reciped becomes	and.	ending	
Name of Organization	For calendar year 2012 or tax	period beginning	, and		oyer Identification Number
	MEMICAL SOCIETY	DELAWARE SE	CTION		6015899
	ame and Title	(B) Average hours per	(C) Compensation	(D) Cont. to em	
		week devoted to postion	(Form W-2/1099-MISC) (If not paid, enter -0-)	ben. plans & def	
Tiffany Hoe CHAIR	rter	5.00			
Rakesh R CHAIR ELECT		5.00			
Andrea Mart PAST CHAIR	in	5.00			
Julie Brady SECRETARY		5.00			
Mary J Bock TREASURER		5.00			
Allison Moc DIRECTOR		5.00			
Jeffrey Moo DIRECTOR		5.00			
Todd Brugel DIRECTOR		5.00			
Margaret Sc COUNCILOR		5.00			
Martha Holl COUNCILOR		5.00			
Tiffany Hoe COUNCILOR		5.00			
John Gaveno COUNCILOR		5.00			

990 BOOKS ARE IN CARE OF

Attachme	<u>nt 3 - 990-EZ Page 3, Part V, Line 4</u>	42a
Open to Public		
Inspection	For calendar year 2012 or tax period beginning	, and ending
Name of Organiz	zation	Employer Identification Number
AMERICAN	CHEMICAL SOCIETY DELAWARE SECTION	51-6015899
Part V - Line 42	a	
Individual Name or Business Name	<u>Mary</u>	y J Bock
Street Address	<u>PO I</u>	Box 711
U.S Address Zip code	e <u>19710- City Montchanin</u>	State DE
or Foreign Address		
City		
Province	e or State	
Country		· ·· ····· · · · · · · · · · · · · · ·
Postal co	ode	
Phone N	lumber	(302) 695-327
Fax Nun	nber	