

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISP1QJ5QJ

Form 990			Return	of Ore	eanization	on Exen	not Fro	om Inc	come	Tax		OMB No. 154	5-0047	
-	,, ,,,,	•					٠,					201	3	
			Under section 501(-	-		lations)			
Dep	ertinent of t	he Treasury				imbers on th						Open to F		
Inter	nal Revenu					nd its instruc				n990.			ION	
<u>~</u>			ndar year, or tax year			-1- (4.000)		nd endin		. 101		, 20 r Identification nu		
B			C Name of organization [Division of	Agrochemi	cais (AGRO),	American	Chemic	al Society	Ч"	7:thiole:		ULT YOU	
	Address o	· ·	Doing Business As Number and street (or I	O box if m	ed is not deine	red to street ad	(dracs)	Room/su	ıte.	FT	elechone	51-0193197 ne number		
ä	Name cha Initial retur	•	7200 E. ABC Lane	.c. ban a 11,		100 10 00 001		1.200		1	•	573-777-6003		
H	Terminate		City or town, state or pr	rovince, cour	ntry, and ZIP o	r foreign postal	code	<u> </u>						
N	Amended		Columbia, MO 65202	V	,					6.0	G Gross recepts \$			
Ħ	Apolicatio		F Name and address of p	nocipal offici	er:				History			bordinates? Ves	□ No	
_	, ф рачин								1			included? Yes	=	
$\overline{}$	Tax-exem	ot status:	☑ 501(c)(3)	☐ 501(c) () √ (in:	sert no) 49	47(a)(1) or	527	- '			st. (see instruction		
J	Websits:	•							H(c) G	roup exe	mption n	umber 🕨		
K	Form of or	ganization (Corporation Trust	Associa	stion 🔲 Other	-	L Yea	r of format	tion: 1	972	4 State o	f legal domicile:	DC	
P	art I	Summ	агу											
	1 6	3riefly de	scribe the organizati	ion's miss	ion or most	significant	activities:	Dissen	nination o	of scien	tific inf	ormation relati	ng to	
8	ي ا	hemistry	for and/or from agric	ulture		·								
ğ	١.											******	<u>.</u>	
Governance	ı.		s box ▶☐ if the org	% of its	s net assets.									
g			of voting members o	•	• .	•	-				3		15	
3 &	1		of independent voting	•	•	•				•	4		15	
ş	1 .		ber of individuals er			•	art V, line	2a) .			5			
Activities &	1		ber of volunteers (e								6		<u> 325</u>	
⋖			elated business reve					· · ·		•	7a			
	b 1	vet unrea	ated business taxab	e income	mom Form	990-1, line :	34			or Year	7b	Current Ye		
	، ، ا	Santalby d	lane and amonto (Par	e V/III lino	16)							Current 16		
3	1		lons and grants (Par	-			٠٠٠				9979		206481	
Revenue		_	service revenue (Par nt income (Part VIII, d		-	2005					20286		15917	
æ	111 (Whor row	nt income (rait viii, i	nn (A) line	ZEC.	90 10-53	7710	· · · -			7264		31037	
				nue (Part VIII, column (Å), lines B. 6d, et. 9c, 10c, and 11e)								5652 259087		
			d similar amounts p					/			3112		233007	
			paid to or for member				٠, زي ^ن د				-			
•			other compensation, e				(A). lines 5	5-10)						
Expenses			nai fundraising fees								\neg			
Ž,	I .		fraising expenses (P	•										
ű			enses (Part IX, colu	_				·····		10	4433		136198	
	18 1	otal exp	enses. Add lines 13-	-17 (must	equal Part	X, column (/	A), line 25) . [10	4433		136198	
	19 F	levenue l	less expenses. Subt	ract line 1	8 from line	12		Г		3	4679		122889	
8									Beginning o	d Curren	t Year	End of Yea	ır	
derivers	20 1	otal asse	ets (Part X, line 16)					· ·]		55	4468		724626	
Ped Ba	21 1	otal liabi	lities (Part X, line 26)					· ·			_ 0		<u>-</u>	
_			s or fund balances.	Subtract (ine 21 from	line 20 .	· · · ·	<u>l</u>		55	4468		724626	
	irt II		ure Block									•		
			y, I declare that I have ex ite. Declaration of prepare									knowledge and	belief, it is	
		1 7 John P.	7) . 46 =	2-2 4						1		·····		
Sig	<u>. </u>	Signa	ture of officer	-07/L				-		Date				
He		, J.	1 1	1	Took	c	-		A		20	6,2014	1_	
110	'	Type	or print name and title	och,	,1,00	Surer				100	· <u>~ `</u>	0,00	<u> </u>	
	 _		e preparer's name		Preparer's sig	nature		Da	te			PTIN		
Pa			- F -F					J			heck elf-emplo	4		
	parer	Simple or			l,			1				<u></u>		
US	e Only	Firm's na								Firm's E Phone n		· · · · · · · · · · · · · · · · · · ·		
Ma	the IRS		this return with the	preparer s	shown abov	e? (see insti	ructions)		• • •		• •	TYes	□No	
			tion Act Notice, see t						o. 11282Y				90 (2013)	

	0 (2013)	Page Z
Part I		^
	Check if Schedule O contains a response or note to any line in this Part III	<u>. LJ</u>
1	Briefly describe the organization's mission:	
	Dissemination of scientific information relating to chemistry for and/or from agriculture	
		•
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?] No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7
	services?	JNO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ad bu
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	thers.
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 62,483 including grants of \$ 30,830) (Revenue \$	
	Scientific Programming at the Fall 2013 American Chemical Society meeting which was attended by more than 9,500 scientists,	
	Grants total above includes \$11,775 in travel/registration grants for students to attend the National American Chemical Society	
	meeting and to present research at the Division of Agrochemicals Student Research Symposium.	

•		
4b	(Code:) (Expenses \$ 39,551 including grants of \$ 0) (Revenue \$	
	Division Newsletter printing and mailing, plus website, electronic balloting, and webinars	

	1=====d===============================	

		<i></i>

4c	(Code:) (Expenses \$ 31406 including grants of \$ 13004) (Revenue \$ 3608	
	Other Conferences, Workshops, and Meeting (including planing and advertising for IUPAC 2014 international meeting),	
	plus Officer Training and Travel	
	***************************************	<u>:</u>

4d	Other program services (Describe in Schedule O.)	
70	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 133440	

Form **990** (2013)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		→
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√ .
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities In Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
0	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	110		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	140		✓.
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		<u>·</u> ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	\Box	✓_
, -		Form	990	(2013)

Part	Checklist of Required Schedules (continued)		:	ofto 24
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to Individuals in the United States	21		✓
22	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	248		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		1
25a				<u> </u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		l	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30]	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_	- 1	
32	Part I	31		<u> </u>
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	,,		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b				_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			,
	TOT MODE. AND ONLY SOUTHERS DIE TEMPLES TO CONTINUES SUBSTITUTE OF THE TOTAL SOUTHERS AND TEMPLES AND	38	.000	(2013)
		rom	, 550	(2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>-</u> .		
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a]]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3 b		✓
4a	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		ľ	,
	account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			į
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	{	√ '
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		*
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		' _
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b]	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).]	į
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		1	, :
_	and services provided to the payor?	7a 7b		<u>√</u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
Ū	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>✓</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			į
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		,
9	Sponsoring organizations maintaining donor advised funds.		\dashv	 ,
а	Did the organization make any taxable distributions under section 4966?	9a	- 1	•
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
8	Initiation fees and capital contributions included on Part VIII, line 12		1	:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11	Section 501(c)(12) organizations. Enter:	1	- }	1
a b	Gross income from members or shareholders		l	
•	against amounts due or received from them.)			·
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	•
b			\dashv	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			i
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			•
	the organization is licensed to issue qualified health plans		J	j
C	Enter the amount of reserves on hand	14a		 ;
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		•
Ь	ii res, nas it med a roini 120 to report mese payments? If No, provide all expandition in schedule O .		990	(2013)
				~~,~,

Form 99	00 (2013)		•	- Page (
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	"No
Secti	on A. Governing Body and Management			
•-	Enter the number of voting members of the governing body at the end of the tax year 1a 15		Yes	No
143	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7ь		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8	✓.	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	[
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		/
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		✓_
a	The organization's CEO, Executive Director, or top management official	15a		/
ь	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, physical address, and telephone number of the person who possesses the books and records of the

financial statements available to the public during the tax year.

organization: ► Del A. Koch, 7200 E. ABC Lane, Columbia, MO 65203

Form 990 (201)	3)										Page 7
Part VII	Compensation of Officers, Dir	ectors, Ti	ruste	e 3,	Κe	y E	mpl	oye	es, Highest	Compensated	
	Independent Contractors								n		~
Cortion A	Check if Schedule O contains a re Officers, Directors, Trustees, Key										<u> </u>
	te this table for all persons required										a with or within the
organization				-		-	-				
	of the organization's current office on. Enter -0- in columns (D), (E), and	•	-						ividuals or org	anizations), rega	rdiess of amount of
	of the organization's current key en										
who receive	e organization's five current highes ed reportable compensation (Box 5 n and any related organizations.	t compens of Form \	eated W-2 a	em; and/	ploy /or	/ees Box	(other	er ti Fo	han an officer, arm 1099-MIS	director, trusted C) of more than	e, or key employee) \$100,000 from the
	of the organization's former offic freportable compensation from the									mployees who	received more than
	l of the organization's former direc n, more than \$10,000 of reportable o										tor or trustee of the
•	is in the following order: individual and employees; and former such pers		s or	din	ecto	ors;	insti	tutk	onal trustees;	officers; key	employees; highest
☐ Check t	his box if neither the organization no	any relate	d org	aniz			ompe	กรย	ted any currer	t officer, directo	r, or trustee.
		!)			C) ution				_	
	(A) Name and Title	(B) Average		do not check		ck more than one person is both an			(D) Reportable	(E) Reportable	(F) Estimated
	TOTAL TIES	hours per	office	er an			or/trus		compensation	compensation from	amount of
	•	week (list any hours for	Individual trustee or director	뎚	Officer	₹	碧	Former	from the	related organizations	compensation
		related organizations	25	🚆	8		Ž,	3	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	ទី	[]	l	employee	Į Š		[and related contactions
•			ĝ	Institutional trustee			Highest compensated employee		1		
(1)											
			<u> </u>	L		L	<u> </u>	_			
(2)				-							<u> </u>
.(3)							'				
(4)		·					· -		-	•	
(5)			<u> </u>			┢		F			
(6)				<u> </u>	-	 -					
(7)			 		-		_	\vdash			
(8)	~~~			_	-	-					
(9)					Г					· · · · · · · · · · · · · · · · · · ·	. ,
(10)	***************************************								•		
(11)				-		-					
(12)					 	_					
(13)						-	-				

Form 990 (2013)

Name and title Part	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, ar	nd H	lighe	st C	ompensated E	mployees (continue	∌ d)		
Name and title Name				ļ		•	•						,		
Resportable compensation from the organization and related organizations greater than \$150,0000 of from some organization from the organization and related organizations greater than \$150,0000 of from some organization from the organization from the organization and related organization greater than \$150,0000 of from some organization from the orga			(B)	(do n	ct ct			a than c	one		(E)	ĺ		(F)	
Total from continuation sheets to Part VII, Section A Compensation from the organization from the organiza		Name and title		Dox,	unjes	s pe	rson	is bott	nan						
(15). (16). (17). (18). (29). (21). (22). (23). (24). (25). 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spearer than \$150,000? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual of services rendered to of the organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual for services rendered to the organization? If 'Yes, ''complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who					_	_	_		_			i irozni			
(15). (16). (17). (18). (29). (21). (22). (23). (24). (25). 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spearer than \$150,000? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual of services rendered to of the organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual for services rendered to the organization? If 'Yes, ''complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who				23	T Str	≨	8	결호	3						ก
(15). (16). (17). (18). (29). (21). (22). (23). (24). (25). 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spearer than \$150,000? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual of services rendered to of the organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual for services rendered to the organization? If 'Yes, ''complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who				<u> </u>	퇿	ğ	3	\$ 8	뤛		(W-2/1099-N	(ISC)			
(15). (16). (17). (18). (29). (21). (22). (23). (24). (25). 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spearer than \$150,000? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual of services rendered to of the organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual for services rendered to the organization? If 'Yes, ''complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who				2 5	E.		[호	* 8	ļ			- 1	and	related	
(15). (16). (17). (18). (29). (21). (22). (23). (24). (25). 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spearer than \$150,000? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual employee on line 1a? If 'Yes, 'complete Schedule J for such individual of services rendered to of the organizations greater than \$150,000? If 'Yes, 'complete Schedule J for such individual for services rendered to the organization? If 'Yes, ''complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who			iline)	\$	รเกร		*]					organ	ization:	3
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20				"	8				1	l					
(19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)			 	-		-		├-		 	 			
17 (16) (19) (20) (20) (21) (22) (23) (24) (25) (1.0/	~~^~~~		•			[l	ľ		l			
17 (16) (19) (20) (20) (21) (22) (23) (24) (25) ((16)				\vdash	H-1			┢	 					
(16) (20) (21) (22) (23) (24) (25) (25) (25) (26) (26) (27)	MATELLA.			f	Ì				ı	1		- 1	•		
(16) (20) (21) (22) (23) (24) (25) (25) (25) (26) (26) (27)	(17)					Т			Ι-						
[29] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [20] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [29] [29] [29] [29	J														
[29] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [20] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [29] [29] [29] [29] [29	(18)									† · · · · · · · · · · · · · · · · · · ·					
223 (24) (25) (25) (26) (27) (27) (28) (28) (29)										1		- 1			
223 (24) (25) (25) (26) (27) (27) (28) (28) (29)	(19)														
22) (23) (24) (25) (25) (25) (25) (25) (25) (26) (26) (27) (L						
[23] 1b Sub-total	(20)	***************************************							l						
[23] 1b Sub-total									L	l					
(24) (25)	(21)	·		i	,							1			
[24]				ļ		_	Ш		_						
25 25	(22)		ļ	'								i			
25 25	(00)						_								
1b Sub-total	(23)		 	} '								•			
1b Sub-total	(24)		 	<u> </u>		<u> </u>				}					
the Sub-total	1471											- 1			
the Sub-total	(25)			_	Н		-								
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person)===/		 							1					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	1b	Sub-total		ــــــا	ب	لـــا			-	 	·····				
Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			VII. Sectio	n A					•						
Total number of Individuals (including but not limited to those fisted above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									•						
reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	2							above	e) w	ho received me	ore than \$10	00.000	of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual				-		-			•		• • • • • • • • • • • • • • • • • • • •				
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation Total number of Independent contractors (including but not limited to those listed above) who														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3										•				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		• •							-				3		✓
Individual	4														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						000	7 11	"Ye:	s, "	complete Sch	edule J fo	r such			
for services rendered to the organization? If "Yes," complete Schedule J for such person	_			-		•		•	• •		·		4		✓
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) (B) (C) (C) (Compensation (D) (C) (Compensation (D) (C) (C) (C) (C) (C) (C) (C)	5										ation or inc	Inidual	<u> </u> -		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) (B) (C) Compensation Description of services Compensation Total number of Independent contractors (including but not limited to those listed above) who	Cachi-		: 11 185, C	July	G(B	JUI	OUL	n o J 1	ur S	auri person	· · · ·	<u>· · · </u>	j 5		✓
compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) Name and business address Description of services Compensation Total number of Independent contractors (including but not limited to those listed above) who			nomocres*	ad in:	10-					om that	of man 44 -	- 6400	000		
Year. (A) Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who	•														
(A) Name and business address Description of services Compensation 2 Total number of Independent contractors (Including but not limited to those listed above) who			ort compe	risaric	<i>)</i>	я и	16 C	areniu	ar y	rear enoung wit	n or within	use orga	11 UZALIC	MI \$ 16	13.
Name and business address Description of services Compensation 2 Total number of Independent contractors (including but not limited to those listed above) who										(CA)					
			ress								ervices	c		ation	
									-						
						_			┢						
									T	 					
					_				Ľ						
received more than \$100,000 of compensation from the organization ▶	2								th	ose listed abo	ove) who				
- 000		received more than \$100,000 of compens	sation from	the o	rgar	uza	tion	>							

Par	VIII	Statement of Revenue Check if Schedule O contains a response or note	to any line in this	Part VIII		
-		Oneck i Schedule C contains a response of note	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
なる	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b 1276	03		1	1
, F	C	Fundralsing events 1c			j	1
E E	d	Related organizations 1d				
عَ جِ	8	Government grants (contributions) 1e	_)	1
er S	f	All other contributions, gifts, grants,				Ì
를 축		and similar amounts not included above 1f 1937	78	ļ		1
E E	9	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f	206481		<u> </u>	
Program Service Revenue	_	Business Code			i	
20	2a	Division allocation from ACS	15917			
E	Ь				<u> </u>	·
	C				<u> </u>	
8	d				<u> </u>	
E E	e					
<u>S</u>	l f	All other program service revenue .				<u> </u>
	<u>g</u>	Total. Add lines 2a-2f				
	3	and other similar amounts)	,		ļ	}
		Income from investment of tax-exempt bond proceeds ▶	31037			·
	5	Royalties	5050			
		(i) Real (ii) Personal	5652			
	6a	Gross rents		:		1
	Б	Less: rental expenses				
	č	Rental income or (loss)	┥ :			
	ď	Net rental income or (loss)			ļ	1
	7a	Gross amount from sales of (i) Securities (ii) Other			 	-
		assets other than inventory	-			
	Ь	Less: cost or other basis and sales expenses .				
	c	Gain or (loss)	- '			
	ď	Net gain or (loss)	. 		ļ	}
	"	The gain or tiossy			 	<u> </u>
Other Revenue	8a	Gross income from fundraising events (not including \$				
Œ	l	of contributions reported on line 1c). See Part IV, line 18	}			
PE I	١.		!			
δ	,	Less: direct expenses b Net income or (loss) from fundraising events . ▶	- 		1	ļ . l
		Gross income from garning activities.			 	-
	"	See Part IV, line 19			ì	1
	۱.	Less: direct expenses b	-		ļ) ,
		Net income or (loss) from gaming activities	-	•		,
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold b	- f ∣			
		Net income or (loss) from sales of inventory	. 		1	;
	-	Miscellaneous Revenue Business Code				
	11a		~ }	-	t	,
1	b			 -	 	
- 1	6				 	 -
1		All other revenue			 	
ı		Total. Add lines 11a-11d			 	
	12	Total revenue. See instructions	259087			
						Form 990 (2013)

	Statement of Functional Expenses				_
Section	on 501(c)(3) and 501(c)(4) organizations must con	npiete ali columns. A	VI other organization	ns must complete col	umn (A).
Do 00	Check if Schedule O contains a respont Include amounts reported on lines 6b, 7b,	ISE OF NOTE TO ANY III	ne in this Part IX . (B)	(C)	<u> </u>
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management			· I	
b	Legal		······		
c	Accounting				
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
8	Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	35.42			
14	Information technology				
15 16	Royalties				
17	Occupancy	10567.16			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10567.15			
19	Conferences, conventions, and meetings .	50400 50			
20	Interest	62482.58		 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance		***************************************		
24	Other expenses, Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Investment expenses	1977.51			
þ	Newsletter, Balloting, Communications	40256.87			
Ç	Conferences/Workshops	19663.36			
d	Officer training	1175.00			
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	40.00			
26	Joint costs. Complete this line only if the	136198	· · · · · · · · · · · · · · · · · · ·		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

	Check if Schedule O contains a response or note to any line in this Pa	nt X	• • •	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	46304	1	13893
2	Savings and temporary cash investments	908	2	210
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		- 1	
	trustees, key employees, and highest compensated employees.		.	
•	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
!	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	······································
٠, ٠	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
9	Prepaid expenses and deferred charges		9	
10a				
	other basis. Complete Part VI of Schedule D 10a	-		
	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	507256	11	58358
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	554468	16	72462
17	Accounts payable and accrued expenses		17	
18	Grants payable	······	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
22	·		22	
س ا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		l	
ł	of Schedule D		25	
ا ۔۔			26	
26	Total liabilities. Add lines 17 through 25		20	
:	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	i	27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	•	30	
31	Paid-In or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
28 29 30 31 32 33	Total net assets or fund balances	554468	33	72462
			34	72402

	90 (2013)			P	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗅
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	59087
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	36198
3	Revenue less expenses. Subtract line 2 from line 1	3		1	22889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	54468
5	Net unrealized gains (losses) on investments	5			47269
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
8	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7	24626
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			ł	1 '
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			'
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or	-		
	reviewed on a separate basis, consolidated basis, or both:		ļ		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b		7
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a		ļ	
	separate basis, consolidated basis, or both:			1	l i
•	Separate basis Consolidated basis Both consolidated and separate basis		1	1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain In			
	Schedule O.		1	ĺ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			۱ ,
	the Single Audit Act and OMB Circular A-1337		3a	l	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
<u></u>	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdits.	3ь	1	•
			For	. 990	(2013)

.

.

.

•

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.

20**13**

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

Open to Public

	S NEVERLO SELVICO	- unormodon bool			7					inspec	ion
	of the organization					-	19	Employer id	dentification		
	ion of Agrochemic	als (AGRO), Amer	ican Chemical Society rity Status (All orga	nization	o muct c	·	thic re-	4 \ Coc :		193197	
									ristructio	JIIS	
1 ne	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
2											
3					-	section 1	70(Б)(1)(A)(ii).			•
4	A medical res	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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:									
5	section 170(t	zation operated for the benefit of a college or university owned or operated by a governmental unit described in 70(b)(1)(A)(iv). (Complete Part II.)									
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	urt (f.)					
9											
10 11											
	a 🗌 Typel									lionally integ	
e	other than for or section 509	undation manage 9(a)(2).	that the organization ers and other than one	e or more	e publicly	supporte	ed organi	zations d	lescribed	in section	509(a)(1)
f	-		written determination	on from	the IRS 1	that it is	a Type	I, Type I	il, or Typ	e III suppo	rting _
	•	check this box									. 🗆
9	following pers	sons?	he organization accep	-				-			
			ndirectly controls, eithoday of the supported of the supp				persons (describe	din (ii) ar	nd Y	es No
	(ii) A family m	nember of a pers	on described in (i) abo	ve?						11g@	
	(iii) A 35% ∞	ntrolled entity of	a person described in	(i) or (ii) i	above? .					119(11)	
h		T	on about the support						<u>.</u>	,	
Ø	Name of supported organization	(ii) EIN	(RI) Type of organization (described on lines 1-9 above or IRC section (see Instructions!)	d on lines 1-9 in col. (f) listed r IRC section governing doc		sted in your the organization in					
				Yes	No	Yes	No	Yes	No] _	-
(A)										-	
(B)			,				·				
(C)											
(D)											
E)											•
Tota	1										

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	f Part I or if th	e organizatio	n failed to gu	i) alify under
Secti	ion A. Public Support					<u> </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			ļ.,			
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.		l	<u> </u>			
	ion B. Total Support			-			
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·	ļ				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u>	· · · · ·		🕨 🗀
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6					14	. %
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization	zation did not	check the box	on line 13, an	d line 14 is 331	3% or more, c	
	box and stop here. The organization qua						
ь	check this box and stop here. The organ	Ization qualifie	es as a publicly	supported org	ganization .		▶ [
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me- Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circ	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. I as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization m	tion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check the organization	his box and st on qualifies as	, and line top here. a publicly
	supported organization						🕨 🏻
18	Private foundation. If the organization di instructions						

Schedule A (Form 990 or 990-EZ) 2013

_	6 A (FOIM 650 OF 550-E2) 2013						- rage o
Part							
•	(Complete only if you checked the						er Part II.
A	If the organization fails to qualify	under the te	sts listed beig	ow, please co	mpiete Part i	(1.)	
	on A. Public Support	(1,000					
	dar year (or fiscal year beginning in)	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Grits, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	60997	66123	44320	89979	206481	467900
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				i	i	
	unrelated trade or business under section 513						
4	Tax revenues levied for the				l		
	organization's benefit and either paid					j	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5	60997	66123	44320	89979	206481	467900
7a	Amounts included on lines 1, 2, and 3		_				
	received from disqualified persons .					· · · · · · · · · · · · · · · · · · ·	
ь	Amounts included on lines 2 and 3						
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000	-		İ		1	
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	i i			i	1	467900
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	60997	66123	44320	89979	206481	467900
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1		1	
	royalties and income from similar sources .	5253	46192	33748	28867	18079	132139
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			1		1	
	acquired after June 30, 1975			ļ			
С	Add lines 10a and 10b	5253	46192	33748	28867	18079	132139
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on]			
12	Other income. Do not include gain or						
	loss from the sale of capital assets					-	
	(Explain in Part IV.)	66250	112315	78068	118846	224560	600039
13	Total support (Add lines 9, 10c, 11,	- 00250	712310		110010	224300	
	and 12.)						
14	First five years. If the Form 990 is for th	e omanization	's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
- •	organization, check this box and stop her				_		▶ ⊓
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3. column (f))		15	78 %
18	Public support percentage from 2012 Sch		-			16	74 %
	on D. Computation of Investment Inc				- · · · · · · · · · · · · · · · · · · ·	1 1	14 70
17	Investment income percentage for 2013 (I			line 13 colum	n (f)	17	22 %
18	Investment income percentage from 2012					18	26 %
19a	331/2% support tests—2013. If the organi						
100	17 is not more than 331/2%, check this box	and stan here	The organization	on qualifies as a	publicly suppy	orted organization	я ► 🗸
	331/3% support tests—2012. If the organiz						
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						
20	THE PROPERTY OF THE PROPERTY O	- not whoch di	VII III IV 14,		una DUA		

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013 Page 4							
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	व						

		•						
*************	·	<u>-</u>						
	•••••••••••••••••••••••••••••••••••••••							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**13**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number						
Division of Agrochemicals/American Chemical Society	51-0193197						
(Form 990 Part VI, Line 9): Officers' names and mailing addresses							
Chair: John Clark, 311N Morrill Science Denter, 1639 N. Pleasant St. University of Mass., Amherst MA							
Program Chair: Steve Duke, USDA-ARS Natural Products Utilization Rsch Lab. Room 1012 University of Mississippi University, MS, 38677							
Vice Chair: Cathleen Hapeman, USDA-ARS 10300 Baltimore Avenue B-001, Rm 221, BARC-West Beltsville, Maryland 20705 USDA-ARS 10300							
Secretary: Sharon Papiernik, USDA-ARS North Central Agricultural Research Laboratory 2923 Medary Ave. Brookings, SD 57006							
Treasurer: Del A. Koch, ABC Laboratories, 7200 E. ABC Lane, Columbia, MO 65202							
(Form 990 Part VI, Line 19): "No documents available to the public."							
<u></u>	***************************************						

Schedule O (Form 990 or 990-EZ) (2013)	:		 	Page 2
Name of the organization		•	Employer Identificat	ion number
		·······	 	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********		 	

				_
	·····	••••	 	
	••••••		 *************	
			 <u>-</u>	
		.•.		

•••••••••••••••••••••••••••••••••••••••			 	

	•	•		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			 <b>40 44 4 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 </b>	*********
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			 	#=#===================================
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 	
			 -*	