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Form **990-EZ**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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

**2013****Open to Public  
Inspection**

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**AMERICAN CHEMICAL SOCIETY DELAWARE SECTION**  
 Number & street (or P.O. box, if mail is not delivered to street addr ) Room/suite  
**PO BOX 711**  
 City or town, state or province, country, and ZIP or foreign postal code  
**DE 19710**

**D** Employer identification number  
**51-6015899**

**E** Telephone number  
**(302) 695-3271**

**F** Group Exemption Number ▶

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **NA**

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **61,858**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE			
1	Contributions, gifts, grants, and similar amounts received	1	10,500
2	Program service revenue including government fees and contracts	2	18,481
3	Membership dues and assessments	3	25,345
4	Investment income	4	7,532
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,858
EXPENSES			
10	Grants and similar amounts paid (list in Schedule O)	10	6,095
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,629
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	17,446
16	Other expenses (describe in Schedule O)	16	32,990
17	<b>Total expenses.</b> Add lines 10 through 16	17	58,160
ASSETS			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,698
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	311,132
20	Other changes in net assets or fund balances (explain in Schedule O)	20	7,315
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	322,145

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED JUN 16 2014

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35a</b> 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)?		X
<b>b</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		X
<b>c</b> 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
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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		X
<b>c</b> 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, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42a</b> The organization's books are in care of <b>42a</b> <u>SEE ATTACHMENT #3</u> Telephone no. <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>b</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)? If "Yes," enter the name of the foreign country. <b>42b</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b> N/A		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>45b</b> 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 (see instructions) <b>45b</b>		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

- b** If "Yes," was the related organization a section 527 organization? . . . . .

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

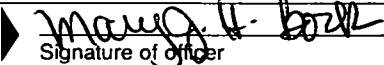
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

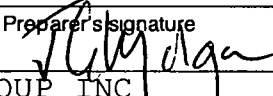
- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☒ No

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

<b>Sign Here</b>		<b>5/14/14</b>
	Signature of officer	Date
	<b>MARY J BOCK</b>	<b>TREASURER</b>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN MORGAN		<b>5/14/14</b>		<b>P00103207</b>
	Firm's name ▶ <b>HRB TAX GROUP INC</b>	Firm's EIN ▶ <b>431871840</b>	Phone no. <b>302-478-6300</b>		
	Firm's address ▶ <b>5601 C CONCORD PIKE</b>				

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☒ No



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,594	46,628	49,130	51,799	61,858	257,009
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . .	47,594	46,628	49,130	51,799	61,858	257,009
<b>5</b> 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) . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						257,009

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . .	47,594	46,628	49,130	51,799	61,858	257,009
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	5,350	5,643	6,999	6,246	6,909	31,147
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . .						
<b>11 Total support.</b> Add lines 7 through 10						288,156
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . .	<b>14</b>	89.19 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . .	<b>15</b>	%

**16a 33 1/3% support test -- 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ☒

**b 33 1/3% support test -- 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ☐

**17a 10%-facts-and-circumstances test -- 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ☐

**b 10%-facts-and-circumstances test -- 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ☐

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ **Attach to Form 990 or 990-EZ.**

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

51-6015899

LN 10; AWARDS INCLUDE THE BLUNT SCHOLARSHIP (\$750), CAROTHERS AWARD (2000 COLLEGE STUDENT AWARD (750), STAG TEACHER AND STUDENT AWARD (250), STUDENT STUDENT TEXTBOOK AWARD (523), DELAWARE ACS AWARD (1350).

LN 16; OTHER EXPENSES INCLUDE TRAVEL (\$19,566) AND LOCAL MEETINGS (5642).

LN 16; ALSO INCLUDES COMMUNITY INTERACTION (2117) AND COMMITTEE FDS (581)

LN 20; UNREALIZED GAINS IN VANGUARD PROTFOLIO



# 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

51-6015899

## Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	6,095
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Exempt Purpose Achievements

AWARDS AND SCHOLARSHIPS FOR ACADEMIC ACHIEVEMENT.

# 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC  
INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization  
AMERICAN CHEMICAL SOCIETY DELAWARE SECTION  
Employer Identification Number  
51-6015899

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses	17,446
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Exempt Purpose Achievements

PUBLICATION OF THE DELAWARE CHEMICAL BULLETIN FOR 2000 MEMBERS.

# 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC  
INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization  
AMERICAN CHEMICAL SOCIETY DELAWARE SECTION  
Employer Identification Number  
51-6015899

## Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	25,208
------------------------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

LOCAL AND NATIONAL MEETINGS FOR PROGRAM PLANNING AND IMPLEMENTATION.

# 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 4 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning , and ending	Employer Identification Number
Name of Organization AMERICAN CHEMICAL SOCIETY DELAWARE SECTION		51-6015899

## Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	2,117
------------------------	--------------------------------	--------------------------	-------

### Exempt Purpose Achievements

INTERACTION WITH COMMUNITY AND SCHOOLS TO PROMOTE UNDERSTANDING OF SCIENCE

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization AMERICAN CHEMICAL SOCIETY DELAWARE SECTION Employer Identification Number 51-6015899

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
RAKESH R NAMBIAR CHAIR	5.00	0	0	0
ANDREA MARTIN PAST CHAIR	5.00	0	0	0
JULIE BRADY SECRETARY	5.00	0	0	0
MARY J BOCK TREASURER	5.00	0	0	0
ALLISON MOORE DIRECTOR	5.00	0	0	0
JEFFREY MOORE DIRECTOR	5.00	0	0	0
TODD BRUGEL DIRECTOR	5.00	0	0	0
MARGARET SCHOOLER COUNCILOR	5.00	0	0	0
MARTHA HOLLOMON COUNCILOR	5.00	0	0	0
TIFFANY HOERTER COUNCILOR	5.00	0	0	0
JOHN GAVENONIS COUNCILOR	5.00	0	0	0
JUSTIN CHAN CHAIR ELECT	5.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
AMERICAN CHEMICAL SOCIETY DELAWARE SECTION	51-6015899	
Part V - Line 42a		

Individual Name . . . . . MARY J BOCK  
or  
Business Name

Street Address . . . . . PO BOX 711

U.S. Address:

Zip code 19710- City MONTCHANIN State DE

or  
Foreign Address

City

Province or State

Country

Postal code

Phone Number . . . . . (302) 695-3271

Fax Number

**2013 DETAIL STATEMENTS**AMERICAN CHEMICAL SOCIETY DEL  
51-6015899

PAGE 1

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STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

.....	10,500
TOTAL CARRIED TO EZ1 LINE 1.....	10,500

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## STATEMENT #2 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

ADS.....	5,475
MEETING INCOME.....	1,879
REIMBURSEMENTS.....	8,542
MISC.....	2,585
TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	18,481

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## STATEMENT #3 - MEMBERSHIP DUES &amp; ASSESSMENTS (990-EZ PG 1 LINE 3)

ANNUAL ACS ALLOTMENT.....	15,335
DE SECTION DUES.....	9,725
COMMISION.....	285
TOTAL CARRIED TO 990-EZ PG 1 LINE 3.....	25,345

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## STATEMENT #4 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

VANGUARD PORTFOLIO DIVIDENDS.....	6,909
VANGUARD PORTFOLIO CAPITAL GAINS.....	623
TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....	7,532

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## STATEMENT #5 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

AWARDS AND SCHOLARSHIPS.....	6,095
TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	6,095

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## STATEMENT #6 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

2012 TAX PREPARATION.....	345
WEB DESIGN.....	1,284
TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	1,629

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**2013 DETAIL STATEMENTS**AMERICAN CHEMICAL SOCIETY DEL  
51-6015899

PAGE 2

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STATEMENT #7 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

DE CHEM BULLETIN PUBLICATION..... 17,446

TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 17,446

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## STATEMENT #8 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADMIN EXPENSES..... 409

TRAVEL SUBSIDIES..... 19,566

COMMITTEE EXPENSES..... 581

OUTREACH AND EVENTS..... 2,117

LOCAL MEETINGS..... 5,642

MISCELLANEOUS..... 4,675

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 32,990

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## STATEMENT #9 - BEGINNING OF YEAR - CASH (990-EZ PG 1 LINE 22A)

VANGUARD..... 279,136

CASH..... 31,996

TOTAL CARRIED TO 990-EZ PG 1 LINE 22A..... 311,132

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## STATEMENT #10 - END OF YEAR - CASH (990-EZ PG 1 LINE 22B)

VANGUARD..... 279,136

CASH..... 31,996

TOTAL CARRIED TO 990-EZ PG 1 LINE 22B..... 311,132

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