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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)

OMB No. 1545-1150

2014

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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
MONTCHANIN 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 \$ 79,728

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	27,409
	2	Program service revenue including government fees and contracts	2	16,949
	3	Membership dues and assessments	3	25,908
	4	Investment income	4	9,462
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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	
c	Less: direct expenses from gaming and fundraising events	6c		
d	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,728	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,777
	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	325
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	18,244
	16	Other expenses (describe in Schedule O)	16	28,196
	17	Total expenses. Add lines 10 through 16	17	53,542
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,186
	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	322,145
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	25,715
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	374,046

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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.	40e	X
41 List the states with which a copy of this return is filed ▶ <u>DE</u>		
42a The organization's books are in care of ▶ <u>SEE ATTACHMENT #3</u> Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. N/A	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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)	45b	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
46		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
- 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."

	Yes	No
47		X
48		X
49a		X
49b		X

(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 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.

Sign Here	Signature of officer		Date	
	MARY J BOCK		5/6/15	
Paid Preparer Use Only	Type or print name and title		TREASURER	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JOHN MORGAN		5/6/15	PTIN P00103207
	Firm's name	Firm's EIN	Phone no.	
	HRB TAX GROUP INC	431871840	302-478-9140	
	Firm's address			
	1720 MARSH RD STE A			

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

Yes ☒ No ☐

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

Employer identification number

51-6015899

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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 in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,628	49,130	51,799	61,858	79,728	289,143
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	46,628	49,130	51,799	61,858	79,728	289,143
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.						289,143

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	46,628	49,130	51,799	61,858	79,728	289,143
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,643	6,999	6,246	6,909	9,462	35,259
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						324,402
12 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	89.13 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test -- 2014. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test -- 2013. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test -- 2014. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test -- 2013. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

2014 DETAIL STATEMENTS

AMERICAN CHEMICAL SOCIETY DEL
51-6015899

PAGE 1

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

.....	8,761
.....	750
.....	17,898

TOTAL CARRIED TO EZ1 LINE 1..... 27,409

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

.....	4,400
.....	719
.....	8,740
.....	3,090

TOTAL CARRIED TO 990-EZ PG 1 LINE 2..... 16,949

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

.....	15,023
.....	9,210
.....	1,675

TOTAL CARRIED TO 990-EZ PG 1 LINE 3..... 25,908

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

.	7,818
.	982
.	662

TOTAL CARRIED TO 990-EZ PG 1 LINE 4..... 9,462

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

AWARDS AND SCHOLARSHIPS.....	5,169
COMMUNITY INTERACTIONS.....	1,608

TOTAL CARRIED TO 990-EZ PG 1 LINE 10..... 6,777

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

2013 TAX PREPARATION.....	325
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TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 325

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

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PART I, LINE 10 - AWARDS AND PROGRAM EXPENSES INCLUDE BLUNT
SCHOLARSHIP (750), CAROTHERS (3589), STAG TEACHER STUDENT AWARD (250),
STUDENT TEXTBOOK AWARD (579), AND COMMUNITY INTERACTIONS (1608).

PART I, LINE 16 - OTHER EXPENSES INCLUDE NATIONAL MEETING ATTENDANCE
(16,031), LOCAL MEETINGS (7808), ADMINSTRATIVE EXPENSES (4168).

PART I, LINE 20 - UNREALIZED CAPITAL GAINS FROM VANGUARD PORTFOLIO
WERE \$25,715.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, 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	3,579	Amount includes foreign grants	Program service expenses	1,589
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Exempt Purpose Achievements

AWARDS AND SCHOLARSHIPS FOR ACADEMIC ACHIEVEMENT.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC
INSPECTION For calendar year 2014, 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	18,244
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Exempt Purpose Achievements

PUBLICATION OF THE DELAWARE CHEMICAL BULLETIN FOR 2000 MEMBERS.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, 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

24,363

Exempt Purpose Achievements

LOCAL AND NATIONAL MEETINGS FOR PROGRAM PLANNING AND IMPLEMENTATION.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION	For calendar year 2014, 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
		1,608
Exempt Purpose Achievements		
INTERACTION WITH COMMUNITY AND SCHOOLS TO PROMOTE UNDERSTANDING OF SCIENCE		

2014 FORM 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 2014, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

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
TIFFANY N HOERTER PAST CHAIR, COUNCILO	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
JOHN GAVENONIS COUNCILOR	5.00	0	0	0
JUSTIN CHAN CHAIR ELECT	5.00	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

AMERICAN CHEMICAL SOCIETY DELAWARE SECTION

Employer Identification Number

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

2014 DETAIL STATEMENTSAMERICAN CHEMICAL SOCIETY DEL
51-6015899

PAGE 2

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

DE CHEM BULLETIN PUBLICATION.....	18,244	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15.....		18,244

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

ADMIN EXPENSES.....	597	
TRAVEL SUBSIDIES.....	16,555	
COMMITTEE EXPENSES.....	461	
LOCAL MEETINGS.....	7,347	
MISCELLANEOUS.....	3,236	
TOTAL CARRIED TO EOEZ PG 1 LINE 16.....		28,196

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

	BEGINNING	ENDING
VANGUARD.....	296,671	333,591
CASH.....	25,474	40,455
TOTAL CARRIED TO 990-EZ PG 1 LINE 22A.....	322,145	374,046

STATEMENT #10 - ASSETS INCLUDED (SCH D, PG 1 LINE 2B)

NET UNREALIZED INVESTMENT GAINS.....	25,715	
TOTAL CARRIED TO SCH D, PG 1 LINE 2B.....		25,715
