2.34.50

2949006509801 1

, 		0	Return of Organization Exempt From In	come Tay	,	OMB No. 1545-0047
For	. . 44		Note that the second of the se	3 1 4 3	14 ,	00.40
(Rev	. January 2	5050000	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	ept private four	ndations	2019
		the Treasury	✓ Do not enter social security numbers on this form as it may to			Open to Public
	nal Revenu		► Go to www.irs.gov/Form990 for instructions and the latest	information.	16	Inspection
A	For the 2	2019 calen	dar year, or tax year beginning , 2019, and endin			, 20
B	Check if a	pplicab le :	C Name of organization Division of Agrochemicals (AGRO), American Chen	nical Society	D Emplo	yer identification number
	Address c	hange	Doing business as AGRO			51-0193197
=	Name cha	-	1	Room/suite	E Teleph	one number
=	Initial retui		1010 Sycamore Lane		17	573-443-6134
=		return 📇	City or town, state or province, country, and ZIP or foreign postal code Columbia, MO 65203			receipts \$ 107,555
=	Amended		F Name and address of principal officer: Del A. Koch	H/a) is this a m		r subordinates? Yes No
٠ш٠	Аррисацо	ii pending	1010 Sycamore Lane, Columbia, MO 65203	\sim 1 · · ·		es included? Tes No
1	,Tax-exem	pt status:				et (see instructions)
		▶ www.ag		H(c) Group e	,	
ĸ	Form of on	ganization [Corporation ☐ Trust Association ☐ Other ► L. Year of forms	ation: 1972 ·	M State	of legal domicile. ' DC
Р	art I	Summa	y			
	1 E	Briefly des	cribe the organization's mission or most significant activities: Dissem	ination of scier	tific info	ormation relating to
8	و	hemistry f	or and/or from agriculture			,
Activities & Governance						
ě			box ► ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
ဗိ	1		voting members of the governing body (Part VI, line 1a)		3	15
ص ص	1		independent voting members of the governing body (Part VI, line 1b)	4	15
ŧ	1		per of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Ę	1		per of volunteers (estimate if necessary)		6	35
⋖	1		ated business revenue from Part VIII, column (C), line 12		7a 7b	
	d	vet unrela	ted business taxable income from Form 990-T, line 39	Prior Year		Current Year
	8 (Contributio	ons and grants (Part VIII, line 1h)			
Revenue			ervice revenue (Part VIII, line 2g)		50,618 50,404	\$46,329 \$38,570
Š	1	-	t income (Part VIII, column (A), lines 3, 4, and 7d)		18,674	\$16,777
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		\$927	\$5,982
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\$	140,623	\$107,658
			I similar amounts paid (Part IX, column (A), lines 1-3)		59,167	\$39,127
			aid to or for members (Part IX, column (A), line 4)		,	
ø		-	her compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · · · · · · · · · · · · · · · · ·		
penses	16a F	Profession	al fundraising fees (Part IX, column (A), line 11e)			
춫	b 1	Total fundi	aising expenses (Part IX, column (D), line 25) ▶			
₫		-	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	\$	160,472	\$116,487
	1	-	nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	\$:	219,639	\$155,614
		Revenue le	ss expenses. Subtract line 18 from line 12		79,016	-\$47,956
200		<u>.</u>	D. A.V. H 400	Beginning of Curr		End of Year
Net Assets or Fund Balances	20]		ts (Part X, line 16)	\$:	560,673	\$590,276
₹ 5	21 T		ties (Part X, line 26)			*500.27¢
	art II		re Block	<u>></u>	560,673	\$590,276
			, I declare that I have examined this return, including accompanying schedules and state	ements, and to the	best of m	ny knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepare			
		X	Kel a. Doch	7	July	13,2020
Si	- 1	Signat	ure of officer	Date	1	
He	ere		ol A. Koch, Irasurer			
			r pnnt name and title			
Pa	id	Print/Type	preparer's name Preparer's signature	ate	Check [
	eparer	·			self-emp	loyed
	e Only	Firm's nar			EIN ►	
		Firm's add		Phone		
			this return with the preparer shown above? (see instant)	<u>) </u>	<u>· · ·'</u>	·· Yes ☐ No
Por	Paperwo	ork Reduct	ion Act Notice, see the separate instructions.	No. 11282Y		Form 990 (2019)
	ะ เรา		\forall - Alia 0-3-2020	\$-08(1 27 29 2
	UC J	1	[0]	ျွပ္သ		
			OCDEN	- 또		
			OGDEN, U			

Page 2



Part	V Checklist of Required Schedules 9 is force of the rest by Jupper to leaf to	~J	٠	
	4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	į,	
`\	complete Schedule A	11.1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	· 2	✓	έs
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	• -		ļ
·· .	candidates for public office? If "Yes," complete Schedule C, Part I	∙3 -	1, 7	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities; or have a section 501(h)	Ç1 *	٠, ٦	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	.4 ·	+34	✓
`5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	٠,١,	•	_
\ '	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	51	٠,٠	4 ✔
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors the significance the distribution or investment of amounts in such funds or accounts 2.6	्य	-3	י
* •	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 11.15 (2011) 15 (2011)	₩.છ (6		
¥ +	Did the organization receive or hold a conservation easement; including easements to preserve open space;?		· E	ō.;
7		7	٦	G.,
. 8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1 1	<u>, </u>
•	complete Schedule D, Part III and the second services of the second seco	. 8 .1	εv	1
'9 '	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	3,	11	
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	€ (1	,•	. ~
	debt negotiation services? If "Yes," complete Schedule D, Part IV A Complete Schedule D, Part	r 9 ''	4.	1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments!	انهاا	ŝ	
	or in quasi endowments? If "Yes,", complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 1			
į	VII, VIII, IX, or X as applicable trasprovers, so the control of producting and applicable trasprovers of the point of the			├ ───
٧a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI	11a	1	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	, ,	1	√ ^.
O	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ا نا	1
V c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	5, (*	, -	<u> </u>
\ .	, ,	11c	٠A	3 🗸
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	, [A	2
<u>.</u>	· · · · · · · · · · · · · · · · · · ·	11d	_	1
√e	Did the organization report an amount for other liabilities in Part X; line 25? If "Yes," complete Schedule D, Part X	11e	Dic	√ .
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. 71	'	UC
- \ +	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X to 1	11f		31
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	3 (
\ L	Schedule D, Parts XI and XII	12a	? ગ∟	√,
_• D	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 '			,44°C	7
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
. ∑ b.	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	116		
<u></u>	fundraising, business, investment, and program service activities outside the United States, or aggregate		3 1	35.
1	foreign Investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 1 £. 31. 11	14b	11	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or) cat	_	
	for any foreign organization? If, "Yes," complete Schedule F, Parts II and IV dv. J. 3 architest. Ogod. (1)(a):103			√,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 11		~1	,
4-	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) (core and the complete Schedule C).	17	ت. پر	V:
18		turl	7	-
! ⁶		118	117	TVI
19	taran da			<u> </u>
	If: "Yes," complete Schedule G, Part III	19	_	\
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule Hospital Sch	20a		3.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	r +	11
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		
<u>``\'</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I; Parts I and II v p	21	4	✓
5		For	n 990	(2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 .		1
23	Did the organization answer "Yes" to Part VII, Section A, Ilne 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			`.
V	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			٠
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $ \cdot \cdot \cdot $	24b		✓
С	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		; ✓
۰d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? : 1.5°	24d	,	1
25 0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		\ \
þ.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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	į	 •/
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	j. 26		·/
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		ı
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):	£.		•
à	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	200	•	
۰b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	-	-
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	•	·
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 conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		4√
33 `	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 ·	•	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yos," complete Schodule R, Part II, III, or IV, and Part V, line 1	34		1 ✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	√
√b	If "Yes" to line 35a, 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," 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		√.
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.	38	ŗ	√
Part			, -	<u> </u>
	Observed State of the Control of the	·		:[
$\overline{}$	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1a _.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
٧b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c. ·· 1b · · · · · · · · · · · · · · · · ·			
С	Did the organization comply with backup withholding; rules for reportable payments to vendors and			لبِدا
¥	reportable gaming (gambling) winnings to prize winners?	1c	. 000	(2019)
Į.	ga -	ron	11 33U	(2019)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	·		
1.1	A CONTRACTOR OF THE STATE OF TH		Yes	No
2a	Enter the number of employees reported on Form_W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1. 2a 35 to 10.			1
. b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·3a ·		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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 account)?	4a	٠	1
b	If "Yes," enter the name of the foreign country ▶ ○.			
`,	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			لب
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	, 기	√ :
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ' ' If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	•	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	75		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6ar	,	✓•
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	,6b		·
7	Organizations that may receive deductible contributions under section 170(c).			
`a	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?	·7a		√ .
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	-	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			البيا
_e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	٠ ٠	11/02
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1.7f.	. '(114 .16
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	_از	LUT
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			7
	sponsoring organization have excess business holdings at any time during the year? :	8 .	ii*	/
9,	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? ' '	9a	J.	✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V -
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11\	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
`a	Gross income from members or shareholders at the control of the co			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b v			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			, j
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1.
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	i		.
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1 * 1	·/·
15 \		14b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.1
1 5)	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	3.1	1
	If "Yes," see instructions and file Form 4720, Schedule N.2.			<u> </u>
16 դ	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	7,	√ 31
	If "Yes," complete Form 4720, Schedule O. Anti-dial and Complete Form 4720, Schedule O.		ام	
	the same of the restaurance of the same of	Form	990	(2019)

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 on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	- ; -	,÷ ,+,	·
Secti	on A. Governing Body and Management		۱3,	
	The state of the s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2 15			
À	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			1 1
_	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	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?			<u>✓</u>
_ 3 ,	Did the organization delegate control over management duties customarily performed by or under the direct			3
. `\	supervision of officers, directors, trustees, or key employees to a management company or other person?: 3	.,3		√
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	.14*		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5	√3 √3	√,
6	* **·*		. A. H	,-
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		d.
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-2016	rr3	7
b	stockholders, or persons other than the governing body? The state of t	7b	,,,	j
۵.	Did the organization contemporaneously document the meetings held or written actions undertaken during			•
0,_	the year by the following: אין			, !
a ·	The governing body? He was the year case. The government of the state		1	· ~
	Each committee with authority to act on behalf of the governing body?	18b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ı	Y 1	ħ
\ <u>_</u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	1	5
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	i
	יצול דור בל דוש מנחל שם מנוב בבנול פל די פני לשבוך מנוצרים "לו הפל חיים בני לו בי היים לו ההיים או מנו בי בל ל	4 17	Yes	No
10a	Did the organization have local chapters, branches; or affiliates? : r.y	10a	+	1
	The trib of garinguist reaction of the tribute of t			
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	٠,,	45	8
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~c -	
\ 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Let the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	!!	8
\ 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a	~c -	
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a 12a	ως 1 - π2 - 1 - 1	12
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Let Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b .11a .12a .12b	~c -	
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b .11a .12a .12b	30°	√2: ✓
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	30°	√2:
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Part VII) Compensation of Officers, Dir Independent Contractors	ectors; Tr	ruste (ଦ)	0 8,	Кн	y E	mpk	ye	es, Highest C	ompensated E	mployees,	and
Check if Schedule O contains a re										<u></u> .	. 🗆
Section A., Officers, Directors, Trustees		_		_							
1a Complete this table for all persons required organization's tax year required to List all of the organization's current office	to be list	ed. F	epc	ort o	om S	pens	atio	n for the calend	lar year ending	with or withi	in the
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mper	າsat	ion	was	paid	. 20°	d		ness of amor	unt of
List all of the organization's current key en	nployees, if	any.	See	ins	truc	tions	for	definition of "ke	y employee."		
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.											
• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.											
• List all of the organization's former direct	tors or tru	stee	s th	at n	ece	ived,	in t	he capacity as	a former directo	r_or_trustee (of the
organization, more than \$10,000 of reportable c See instructions for the order in which to list the			m tı	ne o	rga	nizatio	วก ย	ing any related o	organizations.	• • • • • • • • • • • • • • • • • • • •	(17)
☐ Check this box if neither the organization no			aniz	!_ atio	n c	ompe	nsa	ted any current	officer, director.	or trustee	(18)
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Name and title	Average					than o		Reportable	Reportable	_Estimated am	
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received more trian \$100,000 of compensation from the organization >

Part V	Section A. Officers, Directors,	Trustees,	Key	Em	<u>plo</u>	yee	s, an	d H					(contir	nued)
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	otal number of individuals (including but							e) w	ho received mor	e than \$10	00.000	of		1,,
	eportable compensation from the organi		,					,			,			•
			•										Yes	No
3 D	oid the organization list any former	officer, dire	ector,	tru	ste	e, k	ey e	mpl	oyee, or highes	st compe	nsated			
е	mployee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual	٠.				3		1
4 F	or any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatic	n a	nd other compe	nsation fro	om the			
	rganization and related organizations											<u> </u>		, 21
	ndividual											4		✓
	oid any person listed on line 1a receive o											,.		
	or services rendered to the organization	? If "Yes," c	omp	ete	Sch	hedu	ıle J f	or s	uch person .		<u> </u>	5		✓
	B. Independent Contractors													'C)
	complete this table for your five high ompensation from the organization. Rep													
	(A) Name and business add	Iress			•				(B) Description of serv	vices		(C Comper		(L 1)
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			' 1						•					(13)
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	otal, number of independent contracto							th	ose listed abov	e) who				
	eceived more than \$100,000 of compens	auon irom	rise Ol	yan	ızat	חטו							000	(2045)

Par	t VIII	Statement of Revenue	्र १९१	្រុង ការដែល	भारत १० मार तार है।	والمالية المنابعة
		Check if Schedule O contains a response or note	to any line in this Pa	art`VIII ə 🖘 🐯 .	o i i i oba i i i i	
	(-)		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections, 512-514
क क	1a	Federated campaigns 1a			-	
퉏	b	Membership dues 1b \$1	2,029]
ع ج	С	Fundraising events 1c			,	
i i	d	Related organizations 1d			, ,	
2, E	e	Government grants (contributions) 1e		•		
Siz	f	All other contributions, gifts, grants,				
萝萝		· · · · · · · · · · · · · · · · · · ·	4,300			•
当る	9			-	,	
Contributions, Gifts, Grants and Other Similar Amounts	١.	lines 1a-1f 1g \$				
OB	h	Total. Add lines 1a-1f	\$46,329	, , , , , , , , , , , , , , , , , , , ,	, ,	
•		Business C			• • • • • • • • • • • • • • • • • • • •	
<u>Ş</u>	2a	Division allocation from ACS	\$19,414	1	در ب ^ا ر م	, ,
gram Ser Revenue	Ь	Re-imbursement for Councilor Travel	\$5,011			ut ork
E §	d	Innovative Project Funding New Member Commissions	\$7,500		בער ג'י	2 (11) }
<u> </u>	e	Vendor Interface Program Revenue	- 1:\$45		13 L 1 L 1 1 T	8
Program Service		All other program service revenue	\$6,600		ان در در ان	0.40
<u>a</u>	g	Total. Add lines 2a–2f	\$38,570	<u> </u>	11 1 4 3 / Q	7
	3	Investment income (including dividends, interest,	400,070	15.	1, 1, 2, 2, 3, 5	u 5 85
	}	other similar amounts)	\$16,674	1		arin i b
-	4	Income from investment of tax-exempt bond proceed				ال اجراد
•	5	Royalties	\$1,982		110	4 , 3
-	١ .	(i) Real (ii) Person			· · · ·	•
	6a	Gross rents 6a]	-	,
•	b	Less: rental expenses 6b				•
	С	Rental income or (loss) 6c			• 1	
	d	Net rental income or (loss)	>	u	الرق ١٠٠	4.
	7a	Gross amount from (i) Securities (ii) Other				, , , ,
		sales of assets _				
	••	other than inventory 7a				
ther Revenue	þ	Less: cost or other basis	-			•
Ş		and sales expenses 7b				1
& -	4	Gain or (loss)		, ,		
Jē	d	Gross income from fundraising		7	3 , s, c E	1
₹	8a	events (not including \$		1	, i	
	}	of contributions reported on line				!
		1c). See Part IV, line 18 8a	ı			;
~	ь	Less: direct expenses 8b			٠, ،	
•	С	Net income or (loss) from fundraising events	>			£~
	9a	Gross income from gaming				
	İ	activities. See Part IV, line 19 . 9a			,	
	b	Less: direct expenses 9b				
	C	Net income or (loss) from gaming activities	>	٠, ٠	x	
-	10a	Gross sales of inventory, less				
		returns and allowances 10a <			İ	
_	Ь	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	>			٠ ١
Ş.		Business Co				
90	11a	Other from ACS	\$4,000		٠, ۴, ۲, ۸, ۱, ۱, ۱	10 1 = 25
scellaned Revenue	b		٠,٠٠	13 1	1 1	3 574
Miscellaneous Revenue	6	All other myonue		1	***	1.
Ž	a	All other revenue	3,		n, 1, 1	· · · · · · · ·
	. 12	Total revenue. See instructions	\$4,000			
	., 14	TOWN TOTOTHER OCC HOUGHDING	▶ \$107,555	l		

Form 99	90 (2019)				Page 1 (
Par	IX Statement of Functional Expenses			nent of Havenue	rice Allie Fal
Section	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	et include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	'(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		£.		,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	\$37,171	ສະ . ປະ \$37,171		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	\$1,956	\$1,956		
4 5 	Benefits paid to or for members	: -	, , †!	٠,٠,	. 1.T , 3 C
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(o)(3)(B)	-	,	t t	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				, 2
9 10	Other employee benefits	-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 a	Fees for services (nonemployees): Management	. <i>v</i>	25 F F	3 4	4 2
b	Legal	4		, , н	, ; , , , ,
d e	Lobbying	1	,		19 (
f	Investment management fees			.47 4	••
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<			, , ,
12	Advertising and promotion			† ı	
13	Office expenses	\$362	\$362	. ,	'
14	Information technology	\$19,900	\$19,900	,	, ,
15	Royalties			f	7
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	•	-		, too S
19	Conferences, conventions, and meetings .	46,543	46,543		,
20	Interest			1	• •
21	Payments to affiliates			•	۲, ۱
22	Depreciation, depletion, and amortization .		ני		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ă	Newsletter (Picogram)	\$33,306	33,306	t, t	71 71-
b	Webinar Expenses	\$4,625			<u> </u>
C	Officer Training and Travel	\$10,650			, .
_ d	Awards for Latam Conference	< \$1,003	\$1,003	٠ . ٥	
. 6	All other expenses Wire Fees	\$98			
25	Total functional expenses. Add lines 1 through 24e	\$155,614	\$155,614	·	, , ;
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1	1		. 3H
•	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)) <u>.</u>	<u></u>	ر د د	

ļΡ	art X		213 Et 10 111 0		50도 그림 - 유스도 및
		Check if Schedule O contains a response or note to any line in this Pa		.·.·	<u>94.) </u>
•	ij		Beginning of year		· · · · (B) - End of year
	1	Cash-non-interest-bearing	\$4,646	.1	- \$14,913
	. 2	Savings and temporary cash investments	77 6	· 2	11
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	- 41, 1 1	4	, ,
	5	Loans and other receivables from any current or former officer, director,			
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			,
		controlled entity or family member of any of these persons	- · · · · ·	5	ט יני נן
_	6	Loans and other receivables from other disqualified persons (as defined	,		
_		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	, , , , , , , , , , , , , , , , , , ,
y)	7	Notes and loans receivable, net	H 3 . 11 T. 1	-7,	
Assets	8	Inventories for sale or use	11, 5,	8	-
AS	9,	· · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
`	11	Investments—publicly traded securities	\$556,027	_	\$575,363
	12	Investments—other securities. See Part IV, line 11	3 1	12	1 , ,
	13	Investments—program-related. See Part IV, line 11	5 30 00 500 50	.13	, , 1
	14	Intangible assets		14	
٠.	15	Other assets. See Part IV, line 11	7 1 1	15	, , c.
·	16	Total assets. Add lines 1 through 15 (must equal line 33)	\$560,673		\$590,276
	17	Accounts payable and accrued expenses		17	5 9
	18	Grants payable	1	18	į . n
	19	Deferred revenue		19	(+ 3
	20	Tax-exempt bond liabilities	11 11 13 1 1	20	· t 3/"
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1	21	1. 0.
(4)	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
륟	-	controlled entity or family member of any of these persons		22	16 , 5
_	1	, Secured mortgages and notes payable to unrelated third parties \dots .		23	
	24	Unsecured notes and loans payable to unrelated third parties	ان ∖ دا	·24	,,, ,,, ,
11.	25 ८	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total llabilities. Add lines 17 through 25		26	
Ses		Organizations that follow FASB ASC 958, check here ▶ □			
ă	~~	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		27	
Bal	27				
ᇴ	28	Net assets with donor restrictions		28	
ڄ	1	Organizations that do not follow FASB ASC 958, check here ▶ □			
7	20	and complete lines 29 through 33.	·	20	
22	29	Capital stock or trust principal, or current funds		29	
98	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or Fund Balance	31	Retained earnings, endowment, accumulated income, or other funds	4565 375		AFF2 272
ě	32	Total net assets or fund balances	\$560,673		\$590,276
	33	Total liabilities and net assets/fund balances	\$560,673	J.	\$590,276

						3
Part XI		j:	Shee	Balance	1.93	y , 9
11	Check if Schedule O contains a	esponse or note to any line in this Part XI:n.strood O.sk.t	nto?	<u>. Churkit</u>	<u> </u>	
1 To	ital revenue (must equal Part VIII, colu	mn (A), line 12)	1		\$10	7,555
2 15-To	tal expenses (must equal Part IX, colu	ımn (A), line 25)	2		\$15	5,614
r: 3 Re	evenue less expenses. Subtract line 2	from line 1	r /13-	Cash - no	-\$4	8,059
4 Ne	et assets or fund balances at beginnin	g of year (must equal Part X, line 32, column (A)) ໂພລ ທຸກຄວ	r 9 4 7	Septing 3	\$56	0,673
5 Ne	et unrealized gains (losses) on investm	ents tan aldsvoon ele	1157	Piedavs a	(\$8)	2,149
6 Do	onated services and use of facilities	ble.net	6 6.	ಶಾಗಾವಿ ೧	4	
		הצבר וערבו לב הדה התעיפניתים לבר להורחב במלבה דו לויידור בר		מר אופט י	7-\$	4,488
8 Pr	ior period adjustments	i, ica, arcittat unfounder is ibetent allocultibutor ior.35%.	(11 8)	trustes h		+
9 Of	her changes in net assets or fund ball	ances (explain on Schedule O) if it was to radiation terms to	# 9 \$	contro'let		1
10 No	et assets or fund balances at end of	year. Combine lines 3 through 9 (must equal Part X, line)	טוח ו	160 L 160 L	Э	1
		58ff(1)), and truttions despriped in section 4959, at (3/B	101	ייטק גו פפר	\$59	0,275
Part XI	Financial Statements and Re				7	, 원
	Check if Schedule O contains a	esponse or note to any line in this Part XII course of	an act	לזוענו <mark>תלבית</mark> בם	.8.	1 🖸
	1 8	sand defined charges	poneq	Ргераід ох	Yes	No
1 Ac	counting method used to prepare the	Form 990: ☑ Cash ☐ Accrual > 1 Other a monume time	בחת ב	י זייל י	Ct.	,
If	the organization changed its metho	d of accounting from a prior year or checked "Other,"	explai	n:iñ ; 🔫	<u> </u>	•
Sc	chedule O. 10c	depreciation 10b.	mulate	رين وردانا الم	변	
£212a W	ere the organization's financial statem	ents compiled or reviewed by an independent accountant?	J::::	::::amt •2a	11	1
lf	"Yes," check a box below to indica	te whether the financial statements for the year were co	impile	d or the	Ç	
re	viewed on a separate basis, consolida	egram-relative. See Part IV, ilni. 11 : ithod no , sized bet	וט – סיי	locuit 5 . f	5,1	٠.
	Separate basis	asis Both consolidated and separate basis	3 : 5325	eldic mili	<u> </u>	
b W	ere the organization's financial statem	ents audited by an independent accountant? end, M hsq.s	16. Se	9208 (26)	15	1/
11.590,276	"Yes," check a box below to indica	te whether the financial statements for the year were au	dited 'd	on a 1237	131	1
	parate basis, consolidated basis, or b		-		, t i	
	Separate basis Consolidated basis	asis . Both consolidated and separate basis	eids	404 씨 <u>도</u> 출	1	
c If	"Yes" to line 2a or 2b, does the organ	ization have a committee that assumes responsibility for o	versigl	Dete 1 fo th	61	T
		nancial statements and selection of an independent accoun			05	1
lf :	the organization changed either its or	versight process or selection process during the tax year,	explair	n on∦িॐ	ř.	, 1
Sc	chedule O. 1	r payables to any current or former officer, director	t othe	سيقر عادد		18.
3a As	a result of a federal award, was the	organization required to undergo an audit or audits as set t	orth in	the/ sout		12
Si	ngle Audit Act and OMB Circular A-13	$\hat{m{r}}$ femily member of any of the engineralis $\hat{m{r}}$, $\hat{m{r}}$.	בחוותי	າງອະເວ ີ: 3a)		V:
b If	"Yes," did the organization undergo	the required audit or audits? If the organization did not ur	ndergo	Secilient	53	1 -
re	quired audit or audits, explain why on	Schedule O and describe any steps taken to undergo such	audits	ו 36 כטיה פ	\$45	1
		including federal income tax payables to related third	litics (idei ner Fön	n 990	(2019)
		r liabilities not included on lines 17-24). Complete Part X	d cine	parties, an		!
	25]		of Schedul		!
	25	Add Inas 17 through 25	ities.	Total ilobil	_26	!
		rat follow FASB ASC 956, check here ▶ 🗀	t eno	Organizati		5
	i 1	res 27, 28, 32, and 33.	ul otol	ສກຕ່ ແຕະກຸນ		¦ä
	27	ut donor restrictions	Withou	Net assets	27	1 5
	23	lonor restrictions	vatia d	Net assuts	28	<u> </u>
		iat do not follow FASB ASC 958, check here ▷ □	it enoi	Organizati		្តភ្ន
	۱ <u>۱</u>	ies 29 through 33				1
	29	rust principal or currem funds	ck or t	Capital sto	29	्ठ
	00	surplus, or land, building or equipment fund	caphal	Paid-in or	OF.	1 2
	31	s, endowment, accumulated income, or other funds			31	Net Assets or Fund Balanca:
325T 518	20 1617, 2003	or tuno parances	_		32	<u>بر</u> بر
\$540,276	5583,67# 33	dinst asscra/fund balancos			33	Ž

SCHEDULE A		blio Charif	by Statue and	Dublic	. Gum		OMB No 1545	5-0047
(Form 990 or 990-EZ)			ty Status and				·4201	9
	ompiete n trie org 사다님과 그	anization is a section	501(c)(3) organization or a s sich to Form 990 or Fort	:ection 4947; 000_F7	(r)(a)(r)(a)	empt chantable trust. *		
Department of the Treasury Internal Revenue Service		to www.irs.gov/F	orm990 for instructions	and the la	test inform	iation. hongi 2	Open to P Inspecti	
Name of the organization (c)				72163	ا، (۱۱) س			
Division of Agrochemicals	(AGRO), Amer	ican Chemical So	ociety	•	•	30 TOL 2 51-0	193197	1
			organizations mus					
The organization is not a							ו זכוערפי יחץ	
			ion of churches described				() () () () () () () () () ()	Ç
			(Attach Schedule E (I ganization described				ס סי נא	
			onjunction with a hos				1	e 2
hospital's name,			•		' st '			- "
5 An organization			college or university	owned o	or operate	ed by a governmer	ntal unit desc	ribed in
section 170(b)(1			4			.t 1.	to substitute T	į.
			nmental unit described stantial part of its sur				۲ ، ازر دو	ا داداداد
described in sec				port iron	ii a gover		• •	public
)(1)(A)(vi). (Complete	Part II.)	٠ , , ،	(1)	י איני יוני.	
9 An agricultural re	search organ	ization describe	d in section 170(b)(1)	(A)(ix) or	perated in	conjunction with a	land-grant oc	opollogo
or university or a	non-land-gra	nt college of agr	riculture (see instructi	ons). Ente	er the nar	ne, city, and state o	of the college	or
university: 10 ☑ An organization i	hat normally	receives: /1\ moi	a than galage at the s		·1, .	and را دره ا	ייולאיינ בנוחם	U
receipts from act	ivities related	to its exempt fu	inctions—subject to c	ertain ev	centions	and (2) no more the	an 331,506 of i	ts ~
support from gro	ss investment proanization a	t income and un ifter June 30, 19	irelated business taxa 75. See section 509 (ible incon a)(2), (Co	ne (less s molete Pa	ection 511 tax) fron	n businesses′ רי ה'רי הא∆	··· ··
11 An organization of	organized and	operated exclu	sively to test for publi	ic safety.	See sect	lon 509(a)(4) 1		8
12 An organization of	organized and	operated exclus	sively for the benefit o	of, to perf	orm the f	unctions of, or to ca	arry out the pu	ırposes
of one or more p	publicly suppo	orted organizatio	ons described in sect	ion 509(a	a)(1) or co	oction 509(a)(2). S	o'scction'50	19(a)(3).
			scribes the type of su					
			l, supervised, or cont regularly appoint or e					giving
			ete Part IV, Sections				tur i d	
h Type II. A su	oporting orga	nization supervis	sed or controlled in co	onnection	with its	supported organiza	tion(s), by hav	ing ¹ 1
control or ma	nagement of	the supporting o	organization vested in	the same	e persons			orted
			IV, Sections A and C			IM to		
			ting organization ope					d with,
1	, T		pporting organization		-	• •	-	ation(e)
that is not fur	ctionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement a	nd an attentiv	eness
requirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V. noit	כוו ה טכייין	Set
∴ e ☐ Check this bo	x if the organ	ization received	a written determinati	on from t	he IRS th	at it is a Type I, Typ	e II, Type III	44;
			tionally integrated su					15
g Provide the following			ported organization(s)					:03
A.> (i) Name of supported on		FAT (II) EIN 31	((iii) Type of organization			(v) Amount of monetary		t of
. ⁴	•	red oranile ter	(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	ic a support (see pt.)	other suppor	t (see
alterior office	31 81 e 🖖		ริยาสับสาร์เกลาวิทิ	1 110	5 1 20 - 2	instructions) たっぱいけいがっかれ		(en
a ston here. E. 1 Jan m		Midd fact 1 ad	"ז ימל - זי ט כווכנים שנג					
ac a purticly supp of d(A)	ነ 254 የ ነው በር።	t The organiza	ם בויבע דייזה. שפט 🕫	1 -et /81 ⁻	Cet., the	the organization	Part VI roy	
					A A		งกัฐสะทะยะได้	
e 16.1 or 17.1 and lin(B) is true anti-stop herc			n Dip november and a set of the		instinu (end it aumstaued c incii anu iii	1	ď
1.1				rect, th		art VI Fow the city		
(C) Jignet as a sain, a t. u						12" "7 01	०६फ स्वाउ	
(D) chib a Aud 11	مارين د دالا) हत एए हम	เขอดะเบทาต 13,	^ to	UK 177	. ១៩៧៧ ព១៨៩៦	1	87
	•		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	•	ו בלישכנוסי י	
(E) 2 + 200 to (C) in a 4 g ear.	153						:	
Total				 	 			

\ en	(Complete only if you checked the						
\	Part III. If the organization fails to						amy under
Secti	on A. Public Support	quality unde	,	otod Bolow, p	, ,	, to rare iii.	·
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) ∕Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ı	· .	-	· ·	
	include any "unusual grants.")			·			
2	Tax revenues levied for the			,			1
	organization's benefit and either paid			11 17	1.0	· ·	•
_	to or expended on its behalf				<u> </u>		
3	The value of services or facilities 'furnished by a governmental unit to the	,	is f i	- '	t,	/. ~	
	organization without charge		- ,	1		/ ¹	
4	Total. Add lines 1 through 3		<u> </u>		/		
•	\ -					 	
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						ક
	line 1 that exceeds 2% of the amount				/		· · · · · · · · · · · · · · · · · · ·
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		* * * * * * * * * * * * * * * * * * * *	1	· ·	,	14
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(e) 2017	(d) 2018.	(e) 2019	(f) Total
7	Amounts from line 4	**			. ,,	ļ	^ 15
8	Gross income from interest, dividends, payments received on securities loans,		/	, "	-		,
	rents, royalties, and income from	,	٠ /	,		(•
:"	similar sources		/ ,		•		•
9	Net income from unrelated business		1			. ,	
•	activities, whether or not the business				-	}	
	is regularly carried on	· \ \ \		1 2 2 4	•)
10 .	Other Income. Do not include gain or		F *, 3,			به و الآخر و ر	-
9	loss from the sale of capital assets		· ·			7 p. 1	
	(Explain in Part VI.)	/	7. 1.	±, '	ਨ ਸਾ,		·
	Total support. Add lines 7 through 10		<u> </u>	<u>l</u>			د
12	Gross receipts from related activities, etc						504(1/0)
13	First five years. If the Form 990 is for to organization, check this box and stop he			-	_		• • • • • • • • • • • • • • • • • • • •
Saati	on C. Computation of Public Suppor		· · · · · · · · · · · · · · · · · · ·			*	· · · ·
14	Public support percentage for 2019 (line					14	, %
15	Public support percentage from 2018 Sci		•	11, Celuliui (i)		15	%
16a	331/3% support test—2019. If the organi				nd line 14 is 33		
	box and stop here. The organization qua						▶ □
þ	331/3% support test -2018. If the organi	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	ion		▶ 🗆
17a	10%-facts-and-circumstances test - 2	019. If the orga	anization did n	not check a box	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the	facts-and-circ	umstances" te	est. The organi	zation qualifie	s as a publicly	supported
	organization					/ · · · ·	· · • 🛘
ь	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organize						
	Explain in Part VI how the organization r supported organization	neers the mac	is-ai iu-circum	SIANCES LEST.	me organizati	on qualines as	
18	Private foundation. If the organization di	id not check a	hox on line 13		or 17h chec	k this hox and	►∐ see
		····		, 100, 100, 176	., ., ., ., .,		~~ ▶ □
-/					S-1	nedule A (Form 99	0 or 990-EX 2019
/					34		
1							

Part	Support Schedule for Organiza						
**	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify						
	on A. Public Supporting Coras Acces		11, 711		Pr t Tai		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 FL	i卦 (d) 2018 ⁾	'(e) 2019, t.	(f) Total
·1 ,	Gifts, grants, contributions, and membership fees	1		ļ	ļ	1	İ
2	received. (Do not include any "unusual grants.")	126,568	81,792	108,231	70,618	46,329	433,538
2	Gross receipts from admissions, merchandise a sold or services performed, or facilities	. "		,		, ,,	,
	furnished in any activity that is related to the			· ·	• •	1	ı İ
	organization's tax-exempt purpose				·	į	
3	Gross receipts from activities that are not an	· .	, ι + ι	•			•
	unrelated trade or business under section 513				,		1
4	Tax revenues levied for the	1	,	, ,		1	,
	organization's benefit and either paid to						•
	or expended on its behalf,		•				
5	The value of services or facilities			٠.			
-	furnished by a governmental unit to the					٠	
	organization without charge			,		L *	
6	Total. Add lines 1 through 5	126,568	81,792	108,231	7 70,618	46,329	433,538
7a	Amounts included on lines 1, 2, and 3	, 120,000	01,702	100,201	, 0,0.0	1 10,023	400,000
•	received from disqualified persons .	,		, ,			l •
b	Amounts included on lines 2 and 3				•		*3.5 (1
D	received from other than disqualified		,	ļ. *	,	, ,	
	persons that exceed the greater of \$5,000			, .			
	or 1% of the amount on line 13 for the year	i			,	' I	
	•			`			
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						•
No all	line 6.)	L		<u> </u>		L	433,538
		1	61 0010	(-) 0047	40.0040	(1) 0040	/O.T
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	126,568	81,792	108,231	70,618	46,329	433,538
10a	Gross income from interest, dividends,		·,			[
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .	19,068	42,955	91,815	19,601	18,656	192,095
b	Unrelated business taxable income (less				· ·		ŕ
	section 511 taxes) from businesses		,	·	•	• • • •	1.
	acquired after June 30, 1975		*		**		
C	Add lines 10a and 10b	19,068	42,955	91,815	19,601	18,656	- 192,095
11	Net income from unrelated business	, ,	,			,	•
	activities not included in line 10b, whether	'	, ,	'	' '	1	• ,
	or not the business is regularly carried on	<i>.</i> .	,		ă.		<u> </u>
12	Other income. Do not include gain or					- ,	
	loss from the sale of capital assets	, ,	•	,	• • •	1.	
	(Explain in Part VI.)	,				-	* ,1 1
13	Total support. (Add lines 9, 10c, 11,			,		•	
	and 12.)	145,636	124747	200,046	90,219	64,985	625,633
14	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	oar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	1. +. 1.				▶ 🗆
Section	on C. Computation of Public Suppor	rt Percentag	e 1.				
15	Public support percentage for 2019 (line t			13, column (fl)		15	69 %
16	Public support percentage from 2018 Sch		•			16	
	on D. Computation of Investment In				•		
17	Investment income percentage for 2019 (ov line 13. colu	mn (f))	17	31 %
18	Investment income percentage from 2018		• •	•	• • • •	18	118 %
19a	331/a%-support tests—2019. If the organ					10	10 /0
. 	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2018. If the organiz		•	•		_	
.(* ≆ 30			_	-	-	-	=
20	Private foundation. If the organization di	U HOL CHECK &	DUX UIT IITIE 14	, 19a, Or 19D, C	CHECK THIS DOX	anu see instruc	ctions 🕨 📙

Part				1 4
al n	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			A
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I and C. If you checked 12c of Part I are the part I and C. If you checked 12c of Part I are the part I are			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P			
Section	on A. All Supporting Organizations (05 (a) $= e^{2}0$ (c) $= e^{2}0$ (a) $= 4$ (n: principled read leach to)	אניזו		
	and the state of t	*,	Yes	No
.1	Are all, of the organization's supported organizations listed by name in the organization's governing			1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain:	հ1		
2	Did the organization have any supported organization that does not have an IRS determination of status			Ī
•	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			••
	organization was described in section 509(a)(1) or (2).	· 2 +	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer i			, 1
	(b) and (c) below.	.3a	213	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			7
•	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			١, ا
	organization made the determination.	3b	<u></u>	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c:	<u>.,</u>	- -
-12-	Was any supported organization not organized in the United States ("foreign supported organization")? #	36.		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	A	,	لــــا
	المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد المسائد	48	·	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign-supported organization? If "Yes," describe in Part VI how the organization had such control and discretion.			
	despite being controlled or supervised by or in connection with its supported organizations.			
		4b /	- 7	
<u>c</u>				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			}
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			لــــا
£ 1"\$	purposes.	4c		L
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 1	,	. **	1
ift	answer (b) and (c) below (if applicable). Also, provide detail in Part; VI, including (i) the names and EIN:	,	1 1/	·
_	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		•	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	4	
, b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
•	designated in the organization's organizing document?	5b	·)	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<i>y</i> -	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
٠., -	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
•	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6 ,		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		•	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
_ - -	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	1.8	oT	-CT
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			-
. ⋖ .∵\	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	98		<i> </i>
<u></u>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which i	98	4 4	1
	the supporting organization had an interest?, If "Yes," provide detail in Part VI.		<u> </u>	<u>-</u> ۱۳
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit.	9b	7	- 1
 -	from, assets in which the supporting organization also had an interest? If, "Yes," provide detail in Part VI. 121, 1111.	.00		
		•9c∢	ורית	Sec
	Was the organization subject to the excess business holdings rules of section. 4943 because of section:	_		,
1.	4943(f) (regarding certain Type II supporting organizations, and all Type III) non-functionally integrated	46	 -	
• H.	supporting organizations)? If "Yes," answer,10b below. 19 35	10a	J.	511
ν p	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	-		اــــا
	determine whether the organization had excess business holdings.). + b, +c, + v ing, u + t + & 02 - etc. A recept		33	1
7 /	The Transport of the Benefit of the Control of the	990 or	990-E2	2019

	e A/Form 990 or 990:EZ) 2019		_	Page :
Part		<u>, ' </u>	1,97	
•	the first of the second of the	<u>;</u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with porcons described in (b) and (c)	-	ľ	Ì
a	below, the governing body of a supported organization?	11a	ļ- ,, -	
b	A family member of a person described in (a) above?	11b	, ,	┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<i>,</i> ,	
	on B. Type I Supporting Organizations	,	,	ε
		٠, ٠	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ĺ	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			<u> </u>
	The state of the s	11.	Wite +	
2 `	*Did the organization operate for the benefit of any supported organization other than the supported		,	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		[
	supervised, or controlled the supporting organization.	2	- -	
Section	on C. Type II Supporting Organizations		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	1 crypo ii dapporting digamendono	•	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed]
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	٠.	-	3
			Yes	'No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			<u></u>
2		1//	· · · · ·	
.2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI.how		,	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization is investment policies.			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	,,	ł
Section	on E. Type III Functionally Integrated Supporting Organizations			•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.	4		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	' 、	•	
_C,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.	<u> </u>	Yes	No
. :a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
ã	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations	, le 1 •.
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	* \$*	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	" 11 .31 W 17" 18	144 At 1 41 4
~'4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	•	l.
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	, , , ,	,
7 Other expenses (see instructions)	7	-	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	التالة التالة التالد	* = W. (
. b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	,	46
e Discount claimed for blockage or other factors (explain in detail in Part VI):			•
2 Acquisition indebtedness applicable to non-exempt-use assets	2	AND CONTRACTOR	(18) . Jan 18
3 Subtract line 2 from line 1d.	3		
4 Cash decemed held for exempt use. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4		,
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	•	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		•
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	.3		
4 Enter greater of line 2 or line 3.	4		e . a.
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		Α, ,
-7 Check hero if the current year is the organization's first as a non-functionall instructions).	y in	tograted Type III supporting	
		Schedule A (F	orm 990 or 990-EZ) 2018
y ve m no e	• ;	Carlo Contract of the	7 c , -

Part	V 1 Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	mo'ตการ โยกับกา				
Sect	ochar Sinesa nd3 matte continuitation Concording Concor	ता है उन्हें ते हैं कि स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन क ति स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन के स्थापन	Pativisists Ai	Current Year				
<u>الا س</u>	Amounts paid to supported organizations to accomplish	exempt purposes 💆 🔞	ט רבונ ען והופ ון בביו	, L 15 ,EU				
<u>.</u> 2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
		-!4!						
	Administrative expenses paid to accomplish exempt purp	suses of supported orga	inizations					
4	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.							
		L AL						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	sponsive					
9	Distributable amount for 2019 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·					
10	Line 8 amount divided by line 9 amount							
	on E—Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
8	From 2014							
b	From 2015							
c	From 2016							
d	From 2017							
e	From 2018							
	Total of lines 3a through e							
9	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2019 distributable amount							
i_	Carryover from 2014 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D, line 7:							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2019 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	-						
8	Breakdown of line 7:							
<u>a</u>	Excess from 2015							
<u> </u>	Excess from 2010 ; . :							
<u>c</u>	Fxcess from 2017							
<u>d</u>	Excess from 2018			Í				
<u>e</u>	Excess from 2019							

Part VI	III, line B, lines 3a and	12; Part 1 and 2 3b: Part	IV, Section A, lin ; Part IV, Sectior t V. line 1: Part V	nes 1, 2, 3b, 3c, 4 n C, line 1; Part I /. Section B. line	nations required by Part II, line 10; Part II, line 17a or 17b; Part I4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, additional information. (See instructions.)
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

OMB No.: 1545-0047 (*)

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

2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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	
Division Chair: Julie Eble, Eble Group LLC, 1368 Brookstone Drive, Grant Valley, PA 19060-1746	
Vice Chair: Leah Riter, Bayer Crop Science, 800 North Lindbergh St. Louis, Missouri 63167	
Program Chair: Cheryl Cleveland, BASF Corporation, 26 Davis Drive, Research Triangle Park, NC 27709-3	3528
Treasurer: Del A. Koch, 1010 Sycamore Lane, Columbia, MO 65203	
Secretary: Sharon K. Papiernik, USDA-ARS North Central Agricultural Research Laboratory 2923 Medary	Ave. , Brookings, SD
(Form 990 Part VI, Lines 6 and 7a): The organization has members, from which the governing body is che	osen by an at-large vote.
(Form 990 Part VI, Line 19): "No documents available to the public."	
	······

Schedule O (Form 990 or 990-EZ) (2019)	22 9 - 9 C 12 C 9	14 Sura 1 July 1 Sura	
Name of the organization	er a transfer of the second		Employer identification number 1.13
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