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.990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public

Inspection Internal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending 20 July 1 June 30 C Name of organization B Check if applicable D Employer identification number ISA IRS Address change Society of Plastics Engineers, Color & Appearance Division 23 2004432 abel or Name change orint o Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return type. c/o Bruce Mulholland 2042 Bridgette Lane 859-525-4756 Term:nated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return tions. Hebron, KY 41048 Application pending Number ▶ 0827 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► If the organization is not I Website: ▶ www.specad.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 9,700 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 166.565 3 Membership dues and assessments 3 0 Investment income 61 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 enne Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here Gross revenue (not including \$ of contributions Less direct expenses other than fundraising expenses 0 6b Net income or (1/2) from special events and activities (Subtract line 6b from line 6a). 0 6c Gross calles of nyentory, less returns and allowances 8 7a 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 0 Other revenue (describe ▶ 8 176,326 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 40,206 Grants and similar amounts paid (attach schedule) . . . 10 11 0 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 0 12 13 Professional fees and other payments to independent contractors . 13 0 14 0 Occupancy, rent, utilities, and maintenance 14 15 15 17.051 Printing, publications, postage, and shipping 16 Other expenses (describe Conference, meetings, website, general office expenses 99,193 16 17 Total expenses. Add lines 10 through 16 17 156,450 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19,876 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 253,947 19 Other changes in net assets or fund balances (attach explanation) . . . 20 20 (13,933)21 Net assets or fund balances at end of year. Combine lines 18 through 20 259,890 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 259,890 22 Cash, savings, and investments 22 Land and buildings 23 23 24 Other assets (describe ▶ 24 259,890 25 Total assets 253,947 25 Total liabilities (describe ▶ 26 26

131

Net assets or fund balances (line 27 of column (B) must agree with line 21)

253,947

27

259.890

Form	990-EZ (2009)						Page 2	
Par	t III Statement of Program S	Service Accom	plishments (See the instri	uctions for Part II	1.)		Expenses	
Wha	it is the organization's primary exer	mpt purpose?	Education, coloring of plast	ics			quired for section	
	cribe what was achieved in carry					13C 7	(c)(3) and 501(c)(4) anizations and section	
	ner, describe the services provide	d, the number o	of persons benefited, and o	other relevant info	rmation f		7(a)(1) trusts, optional	
each	program title.					for	others)	
28	Annual Color & Appearance Division	on Technical Con	ferences (ANTEC & CAD RET	EC)				
	- attended by 600+ people							
					·			
	(Grants \$		includes foreign grants, che	eck here	. ▶ [⊒ 28 8	99,704	
29								
	- 3 published issues/year and se	ent to 1000+ peop	le; website has thousands of	hits				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ [29	10,966	
30	Education Committee Programs							
	- Terra Community College, Colo							
	- SPE Student Support & Schola	rships awarded t	by the Color & Appearance Di	vision				
	(Grants \$		includes foreign grants, che	eck here	. ▶ [<u> </u>	12,738	
31	Other program services (attach so	chedule)						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ [31a	520	
32	Total program service expenses					▶ 32		
Par	t IV List of Officers, Directors, 1	rustees, and Ke	y Employees. List each one ev	en if not compensa	ted. (See	the instr	uctions for Part IV.)	
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contri employee b	nbutions to	(e) Expense & account and	
	(a) Havio and address		devoted to position	enter -0)	deferred co	ompensation	other allowances	
Earl	Balthazar, Spectro Techs Color Solu	rtions	Chairmann (4 ha)					
	Fannin Farm Way, Arlington, TX 76		Chairperson (4 hr)	4		-0	-0-	
Scot	tt Heitzman, Sun Chemical Company		Chair start (2 hr)					
5020	Spring Grove Avenue, Cincinnati, C	H 45232	Chair-elect (2 hr)	-0-		-0	-0-	
Jim	Figaniak, LTL Color Compounders		Finance Chair (2 hm)		Ī			
20 P	rogress Drive, Morrisville, PA 19067		Finance Chair (2 hr)	-0-		-0	-0-	
Ann	Smeltzer, Lanxess Corporation		0					
111	RIDC Park West Drive, Pittsburgh, P.	A 15275	Secretary (2 hr)	4-	-0-		-0-	
Bruc	ce Mulholland, Ticona				1			
8040	Dixie Highway, Florence, KY 41042		Treasurer (2 hr)	-0-		-0	-0-	
How	rard Kennedy, Dominion Colour				<u> </u>			
515	Consumers Rd, Toronto, Canada M2	J 4Z2	Immediate Past Chair (1 hr)	-0-		-0	-0-	
Sand	dra Davis, DuPont				<u> </u>			
PO E	Box 80709, Wilmington, DE 19880		Councilor (2 hr)	-0-		-0	-0-	
			1					
The	above are the officers of the organiz	ation.	- '''		<u> </u>			
	re are also 25 other Board of Director		1					
	se directors did not receive compens							
See	attached schedule for names and ad	dresses	Director (1 hr)	-0-		-0	-0-	
					<u> </u>		<u> </u>	
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			.		1			

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		
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		✓
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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		Ž
41	List the states with which a copy of this return is filed. ▶ None			
42a		859-52	5-475	6
	Located at ► Ticona 8040 Dixie Highway, Florence, KY ZIP + 4 ►	410	042	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r==	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	,	42b	-	1
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ▶	420	<u>. </u>	· ~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. '	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.62	140
	Form 990-EZ	44	1	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	_	./
	,)-F7	(2000)

Part .	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) 17(a)(1) nonexempt	nonexemp charitable	t charitab trusts mus	le trusts only. A	ll sec ns 46	tion 3–491	b
46	Did the organization engage in direct or indirect	political campaign a						No
	candidates for public office? If "Yes," complete \$	Schedule C, Part I .				46		$\overline{\ }$
47	Did the organization engage in lobbying activities					47		√
48	Is the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Y	es," comple	te Schedule	E	48		✓
49a	Did the organization make any transfers to an ex		related orga	nization? .		49a		✓
b	If "Yes," was the related organization a section 5					49b		
50	Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated of compensation	employees (from the or	other than o ganızation.	officers, directors, for there is none, en	truste ter "N	es an one."	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position		ompensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	and
					_			
		18-18		,				
			-					
51	Complete this table for the organization's five h \$100,000 of compensation from the organization	nighest compensated n. If there is none, en	d independe ter "None."	nt contract	ors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	oe of service	(c) Cor	npensa	ation
d	Total number of other independent contractors e	each receiving over \$	100,000 .	.▶				
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including acc of preparer (other than offi	companying sch cer) is based or	edules and sta all information	tements, and to the bes	any kno	knowl	edge e
Sign Here	Signature of officer Bruce Mulholland, treasurer Type or print name and title		-		11/13/10 Date			
Paid	Preparer's signature	Da	l se	heck if elf- nployed ▶ [Preparer's identifying nur	nber (See	 e instruc	:ti o ns)
Prepare Use On	Firm's name for A			EII	N ►			<u> </u>
May th	ne IRS discuss this return with the preparer shown	above? See instruc	tions	· · · · ·	🕨 🗀	Yes		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions in the Treasury Internal Revenue Service					instruction	ons.		Open to Put Inspection					
		the organization				_			Employe	er identifica	r identification number		
Soc	iety	of Plastics	Engineers, Colo	or & Appearance Divi	sion				23		2004432		
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızati	ons mus	t compl	ete this	part.) Se	e instru	ctions.		
The 1 2 3 4	org:	A church, co A school de A hospital of A medical re hospital's na	onvention of chuscribed in section in section in a cooperative I becarch organizatime, city, and st		of churc tach Sch nization d junction	hes desc edule E.) escribed with a ho	ribed in s in sectio spital de	section 1 on 170(b) scribed in	70(b)(1)((1)(A)(iii). n sectior	A)(i). n 170(b)(1	•••••		
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				ernment or governme									
7	_	described in	section 170(b)	/ receives a substanti: (1)(A)(vi). (Complete F	Part II.)			governm	nental uni	it or from	the general	public	
8 9	□ Z	An organizat receipts from support from	ion that normally n activities relate n gross investm	d in section 170(b)(1) y receives: (1) more the ed to its exempt func- ent income and unre n after June 30, 1975.	an 33½ % tions—su lated bu	of its subject to siness ta	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 %	of its	
10 11		An organizar purposes of 509(a)(3). Cha Type By checking persons other	tion organized a one or more pulneck the box that b this box, I cert	tify that the organization managers and othe	vely for the nizations of suppose Type tion is no	he benefit describe orting organic de III-Fun ot control	t of, to public of the public	perform to on 509(a) and com integrate tly or ind	he functi)(1) or sea aplete line d directly b	ons of, oction 509 es 11e the d	(a)(2). See se rough 11h.] Type III–O more disqu	ection ther alified	
f g		organization	, check this box at 17, 2006, has	a written determinate the organization acce							ill supporti	ng . 🗆	
		(i) A person and (III) b	n who directly or below, the gover	r indirectly controls, ening body of the sup	ported or	ganızatio	n? .			bed in (ii)	Yes 11g(i) 11g(ii)	No	
.		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described	d in (1) or	(II) above					11g(iii)		
h Provide the following infor (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 o		(v) Did you notify the organization in		(vi) Is the organization in co				
					Yes	No	Yes	No	Yes	No			
			-										
					-								
							-						

Total

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support			-	•		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-		-			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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)						
	tion B. Total Support		1		I		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(2, 2000	(0) 200.	(4, 2000	(0) 2003	(i) rota.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for	the organization				ear as a section	on 501(c)(3)
<u> </u>	organization, check this box and stop he			<u></u>	<u></u>	<u> </u>	<u> </u>
	tion C. Computation of Public Su					1 1	
14	Public support percentage for 2009 (line		•	I, column (f))		14	<u> </u>
15	Public support percentage from 2008 Scl	-	•	• • • •		15	<u>%</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33% % support test—2008. If the organization qua						check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	theck this box a difies as a public	and stop here bly supported or	Explain in Part ganization	IV how the ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)				
Sec	tion A. Public Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include	11,400	10,340	15.270	12,800	9.700	59,510	
2	any "unusual grants ")	11,400	10,340	13,270	12,800	9,700	39,310	
	furnished in any activity that is related to the organization's tax-exempt purpose	196,484	232,102	177,351	186,709	166,565	959,211	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	207,884	242,442	192,621	199,509	176,265	1,018,721	
_	-		•		•			
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year	0	0	0	0	0	0	
C	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)						1,018,721	
Sec	tion B. Total Support	···						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	207,884	242,442	192,621	199,509	176,265	1,018,721	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	252	1,237	3,371	1,263	61	6,185	
b	Sources		1,201	0,011	.,200		0,100	
	section 511 taxes) from businesses	اها	0	o	0	ol	0	
_	acquired after June 30, 1975	252	1,237	3,371	1,263	61	6,185	
11	Add lines 10a and 10b	252	1,231	3,371	1,200	- 01	0,103	
••	activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12)	208,136	243,679	195,992	200,771	176,326	1,024,905	
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth	-		n 501(c)(3) ▶ □	
Sec	tion C. Computation of Public Su	pport Percer						
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13. column ((f))	15	99.40 %	
16	Public support percentage from 2008 \$	Schedule A, Pa	rt III, line 15	<u> </u>	<u></u>	16	99.41 %	
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage					
17	Investment income percentage for 200	9 (line 10c, col	umn (f) divided	by line 13. co	olumn (f))	17	0.60 %	
18	Investment income percentage from 20	•		•	• • • •	18	0.59 %	
19a		anization did no	ot check the bo	ox on line 14, a	ınd line 15 ıs m			
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	uzation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33/₃ %, and	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >							

ocheduse A (i	01111 330 Or 330-LZ/ 2003				raye v
Part IV	Supplemental Inform	nation. Complete this o; and Part III, line 12	part to provide the expl. Provide any other addit	anations required by Pional information. See	art II, line 10; instructions.
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Schedule for Form 990-EZ, Part I, Line 10 and Part III

Class of activity	Donee's Name & Address	Amount Given	Purpose	Part III Line
Scholarship	Terra Community College Freemont, OH	\$ 5,000	Scholarship to support the Plastics Color Matching program. School awards based upon need.	30
Grant	Society of Plastics Engineers Newtown, CT	\$ 2,000	Support of technical conference (Student travel)	30
Grant	Society of Plastics Engineers Newtown, CT	\$ 500	Support of youth education program (PlastiVan)	30
Scholarship	Mims Scholarship Trident Technical College Charleston, SC	\$ 4,000	Student Scholarship	30
Grant	Habitat for Humanity Detroit, MI	\$ 520	Local Activities	31
Grant	Terra Community College Freemont, OH	\$ 1,238	Student travel support	n/a
Dues	Society of Plastics Engineers Newtown, CT	\$ 7,616	Membership Dues	n/a
Support	Society of Plastics Engineers Newtown, CT	\$ 19,332	CAD RETEC split	n/a

Explanation for Form 990-EZ, Part I, Line 20

The amount entered on Line 20 is market fluctuation of long-term investments in the Endowment Fund of the organization. This value adjusts the amount carried in that fund at current market value (value as of 06/30/2010).

ID Number: 23-2004432

Schedule for Form 990-EZ, Part IV Additional Directors

Name	Address
Aumann, Scott	EMD Chemicals 110 EMD Blvd. Savannah, GA 31407
Becker, Doreen	Americhem Corporation 15 Woodland Road Pleasantville, NY 10570
Bodi, Alan	PolyOne 80 Northwest St. Norwalk, Ohio 44857
Button, Hal	Akrochem Corp. 255 Fountain Street Akron, OH 44304
Bykowski, Paul	Finos, LLC 1778 LaPorte St. Portage, IN 46368
Charvat, Robert	Charvat and Associates, Inc. 5396 Country Lane Milford, OH 45150
Drusda, Jeff	Silberline Manufacturing Inc. 36 Progress Ave. Tamaqua, PA 18252
Ehr, Sharon	Uniform Color 942 Brooks Ave. Holland, MI 49423
Esker, Steve	Paramount Colors, Inc. 10186 Taylor Road Reynoldsburg, OH 43068
Goldstein, Steve	BASF Corporation 4330 Chesapeake Drive Charlotte, NC 28216
Kennedy, Howard	Dominion Colour 199 New Toronto Street Toronto, Canada M8V3X4
Ladson, Jack	Color Science Consultancy 1000 Plowshare Road Yardley, PA 19067
Lavieri, Frank	Lansco Colors 191 Second Avenue Warwick, RI 02888
Mullins, Brenda	Nubiola USA 6369 Peachtree St Norcross, GA 30071
Nitardy, Larry	Len Associates,LLC dba 4 Major Court Wilder, KY 41076
Phillips, Tracy	Uniform Color 1345 Watercrest Circle Lawrenceville, GA 30043
Puckerin, Betty	Ampacet Corp. 3801 N. Fruitridge Avenue Terre Haute, IN 47804
Przybylski, Jamie	Terra Community College 2830 Napoleon Road Fremont, OH 43420
Rachal, Tom	Tronox LLC 3301 NW 150th St Oklahoma City, OK 73134
Rangos, George	Ferro Corporation West Wylie Avenue Washington, PA 15301
Reid, Austin	DuPont 7685 Kiln-Delisle Road Pass Christian, MS 39571
Reid, Sharyl	A. Schulman Inc. 353 Riverside Chase Circle Greer, SC 29650
Reinicker, Roger	BASF Corporation 205 S. James St. Newport DE 19804-2434
Suthers, Johnny	Eastman Chemical Company P.O. Box 511 Kingsport, TN 37662
Tyler, Mark	A. Schulman Invision 1475 Wolf Creek Trail Sharon Center, OH 44274
West, Brian	Techmer PM LLC 1 Quality Circle Clinton, TN 37716