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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2011

Open to Public Inspection

A	For the 2	2011 calenda	ar year, or tax year beginning July 1 , 2011, and endir	ig	June 30	, 20 12
В	Check if ap	plicable	C Name of organization	D Er	nployer ide	ntification number
	Address ch	nange	Society of Plastics Engineers, Color & Appearance Division		23	3-2004432
口	Name char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/sur	e E Te	elephone nu	mber
닊	Initial return		c/o Bruce Mulholland 2042 Bridgette Lane		859	9-525-4756
H	Terminated Amended r		City or town, state or country, and ZIP + 4	FG	roup Exer	nption
ŏ	Application		Hebron, KY 41048	N	lumber 🕨	0827
G	Account	ing Method:	✓ Cash	H Chec	k ▶ 🗹 if	the organization is not
l	Website	e: www.	specad.org			ich Schedule B
J 1	Гах-exem	pt status (che	ck only one) — 501(c)(3)	(Forn	n 990, 990	-EZ, or 990-PF)
ĸ	Check ▶	lf the	organization is not a section 509(a)(3) supporting organization or a section 527 organ	zation an	d its gross	receipts are normally
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard		-	•
	the orgar	nization choo	ses to file a return, be sure to file a complete return			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets (Parl	t II,	
I	ine 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	198,122
۶	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the inst	ructions	for Part I.)
		Check if	the organization used Schedule O to respond to any question in this Pa	artl.		🗸
	1		ns, gifts, grants, and similar amounts received			3,600
	2	Program se	ervice revenue including government fees and contracts		. 2	194,184
	3	Membersh	p dues and assessments		. 3	0
	4	Investment	income		. 4	338
	5a	Gross amo	unt from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses			
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		. 5c	0
	6	Gaming an	d fundraising events			
	a	Gross inco	ome from gaming (attach Schedule G if greater than			
9		\$15,000) .				
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	itions		
ě		from fundra	aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	C	Less: direc	t expenses from gaming and fundraising events 6c			
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtr ac	t	
		line 6c) .		. (3)	- 6d	0
	7a	Gross sales	s of inventory, less returns and allowances	70		
	b	Less: cost	of goods sold	Q		
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	(V)	. 7c	0
	ু ্র 8	Other rever	nue (describe in Schedule O)		. 8	0
_	ģ <u>ē</u> 9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 』	▶ 9	198,122
ϵ	10	Grants and	similar amounts paid (list in Schedule O)		. 10	45,913
	1 11		aid to or for members			0
80	12		ther compensation, and employee benefits			0
Š	12 13 14 15 16 17 18 19		al fees and other payments to independent contractors			0
ğ	14		/, rent, utilities, and maintenance			0
Ą	15		ublications, postage, and shipping			17,759
2	16		nses (describe in Schedule O)			112,087
2	17	Total expe	nses. Add lines 10 through 16	<u>, . ></u>	17	175,759
-	្ឌ 18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. [18]	22,363
8	4 19		or fund balances at beginning of year (from line 27, column (A)) (must a			
As			r figure reported on prior year's return)			348,513
ş	20		ges in net assets or fund balances (explain in Schedule O)			6,339
	121		or fund balances at end of year. Combine lines 18 through 20	<u>.</u>	21	377,215
Fo	r Paperv	work Reduct	ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2011)

Pai						
	Check if the organization used Schedule	O to respond to an	y question in this	Part II		<u> </u>
	1			(A) Beginning of year	((B) End of year
22	Cash, savings, and investments		[348,513	22	377,215
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[348,513	25	377,215
26	Total liabilities (describe in Schedule O)		[26	<u> </u>
27	Net assets or fund balances (line 27 of column	(B) must agree with	ı line 21) 📙	348,513	27	377,215
Par				Part III.)	•	F
	Check if the organization used Schedule	•		, i	(Pogu	Expenses uired for section
What	is the organization's primary exempt purpose?					:)(3) and 501(c)(4)
				roorom consisse	organ	nizations and section
	ribe the organization's program service accomplistesured by expenses. In a clear and concise m					(a)(1) trusts, optional
	ons benefited, and other relevant information for ea		s services provided	, the number of	tor ot	thers)
`	Annual Color & Appearance Division Technical Conf	<u> </u>	AD RETEC)			I
20	- attended by 600+ people	0.0.1003 (7.11.12.0 0.0				
	- ditanded by over people					
	(Grants \$) If this amount	includes foreign gra	nts shock hara		28a	96,051
29	Color & Appearance Division Newsletter and Website		into, check here .	· · · · · · · · · · · · · · · · · · ·	20a	30,031
29	- 3 published issues/year and sent to 1000+ people		ands of hits			
	- 3 published issues/year and sent to 1000+ people	e, website iias tilous	ands of files			
	/Oranta ¢ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	naludas farsian ara	nto chook hara		29a	14,169
20		ıncludes foreign gra	nts, check here .	· · · - -	<u> 29a</u>	14,109
30	Education Committee Programs					
	- Terra State Community College, Color Matching		Piuleine			
	- SPE Student Support & Scholarships awarded b				00-	45.050
	<u> </u>	includes foreign gra	•	▶ ⊔	30a	15,350
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	· · · • 💆	31a	1,130
						1 176 700
	Total program service expenses (add lines 28a t				32	126,700
Par	List of Officers, Directors, Trustees, and Key	Employees. List eac	h one even if not com	pensated. (see the in	nstruc	
		Employees. List eac	h one even if not com ny question in this	pensated. (see the in	nstruc	
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees. List eac O to respond to ar (b) Title and average	h one even if not com	npensated. (see the in Part IV	nstruc	ctions for Part IV.)
	List of Officers, Directors, Trustees, and Key	Employees. List eac O to respond to ar (b) Title and average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the ir Part IV	e (e)	ctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	Employees. List eac O to respond to ar (b) Title and average	h one even if not com ny question in this (c) Reportable compensation	pensated. (see the in Part IV	e (e)	ctions for Part IV.)
Par Jim	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders	Employees. List eac O to respond to ar (b) Title and average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the ir Part IV	e (e)	ctions for Part IV.)
Jim 20 P	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the ir Part IV	e (e)	ctions for Part IV.)
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Jim 20 Pi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the ir Part IV	ee (e)	Estimated amount of ther compensation
Jim 20 Pi Ann 707 I	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated. (see the ir Part IV	ee (e)	Estimated amount of ther compensation
Jim 20 P Ann 707 I Betty	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation Lindenwood Dr., Coraopolis, PA 15108	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr) Chair-elect (2 hr)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the ir Part IV	ee (e)	Estimated amount of ther compensation
Jim 20 Pi Ann 707 Betty 3801	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation Lindenwood Dr., Coraopolis, PA 15108 y Puckerin, Ampacet Corporation	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr) Chair-elect (2 hr) Finance Chair (2 hr)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the ir Part IV	ee (e)	Estimated amount of ther compensation
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Jim 20 P Ann 707 I Bett 3801 Jeff 36 P Bruc 8040 Scot	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation Lindenwood Dr., Coraopolis, PA 15108 y Puckerin, Ampacet Corporation N. Fruitridge Ave., Terra Haute, IN 47804 Drusda, Silberline Mfg rogress Avenue, Tamaqua, PA 18252 te Mulholland, Ticona Dixie Highway, Florence, KY 41042	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr) Chair-elect (2 hr) Finance Chair (2 hr) Secretary (2 hr)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the ir Part IV	Structure	Estimated amount of ther compensation -00-
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Jim John 20 PAnn 707 I Betty 3801 Jeff 8040 Scot 5020 Sann PO E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation Lindenwood Dr., Coraopolis, PA 15108 y Puckerin, Ampacet Corporation N. Fruitridge Ave., Terra Haute, IN 47804 Drusda, Silberline Mfg rogress Avenue, Tamaqua, PA 18252 se Mulholland, Ticona Dixie Highway, Florence, KY 41042 t Heitzman, Sun Chemical Company Spring Grove Avenue, Cincinnati, OH 45232 dra Davis, DuPont Sox 80709, Wilmington, DE 19880 above are the officers of the organization. e are also 25 other Board of Directors.	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr) Chair-elect (2 hr) Finance Chair (2 hr) Secretary (2 hr) Treasurer (2 hr) Immediate Past Chair (1 hr) Councilor (2 hr)	h one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the ir Part IV	Structure	Estimated amount of ther compensation -0000-
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Jim John 20 PAnn 707 I Betty 3801 Jeff 8040 Scot 5020 Sann PO E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Figaniak, LTL Color Compounders rogress Drive, Morrisville, PA 19067 Smeltzer, Clariant Corporation Lindenwood Dr., Coraopolis, PA 15108 y Puckerin, Ampacet Corporation N. Fruitridge Ave., Terra Haute, IN 47804 Drusda, Silberline Mfg rogress Avenue, Tamaqua, PA 18252 the Mulholland, Ticona Dixie Highway, Florence, KY 41042 at Heitzman, Sun Chemical Company Spring Grove Avenue, Cincinnati, OH 45232 dra Davis, DuPont Box 80709, Wilmington, DE 19880 above are the officers of the organization. the are also 25 other Board of Directors. See directors did not receive compensation.	Employees. List eac O to respond to ar (b) Title and average hours per week devoted to position Chairperson (4 hr) Chair-elect (2 hr) Finance Chair (2 hr) Secretary (2 hr) Treasurer (2 hr) Immediate Past Chair (1 hr) Councilor (2 hr)	h one even if not compy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) -0000-	npensated. (see the ir Part IV	Structure	Estimated amount of ther compensation -00000-

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	_	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
55	detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			- -
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	ļ	✓
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	05.		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c	-	/
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			.,.
b 38a	Did the organization file Form 1120-POL for this year?	37b		-
504	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	- —	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	\vdash	-
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ļ.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		Ī	İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e	i	1
41	List the states with which a copy of this return is filed. ▶ None			
42a		359- 5 2		6
b	Located at ► Ticona 8040 Dixie Highway, Florence, KY ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	410	Yes	T NI -
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No 🗸
	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.	ءَ ا		-
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_ ✓
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	ļ	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	/
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		tach a completed Schedule A .		/(a)(1) ▶ ☑ Yes ☐ No
		d this return, including accompanying sched er than officer) is based on all information of		
Sign Here	Signature of officer Bruce Mulholland, treasurer Type or print name and title			11/14/12 Date
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed PTIN
Use Onl	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶		ı	Phone no
May the IF	RS discuss this return with the pre	parer shown above? See instruction	ons	· · · · ▶ 🗍 Yes 🔲 No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

Soci	iety of Plastics	Engineers, Color & /	Appearance Division						23-20	04432
Pa	rt I Reas	on for Public Ch	arity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.
The	organization is	not a private found	dation because it is: (Fo	r lines 1 1	through 1	1, check	only one	box.)		
1	A church,	convention of chur	rches, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(i).	
2	A school	described in sectio	n 170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3	A hospital	or a cooperative h	ospital service organiza	ation desc	cribed in a	section 1	70(b)(1)	(A)(iii).		
4		research organization name, city, and sta	tion operated in conjundate:	ction with	a hospit	al descrit	oed in se	ection 170	0(b)(1)(A)	(iii). Enter the
5		zation operated fo	r the benefit of a collect mplete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
6 7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A commu	nity trust described	I in section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)				
9	An organi receipts f support f	zation that normall rom activities relat rom gross investm	y receives: (1) more that ed to its exempt funct nent income and unrel after June 30, 1975. Se	an 331/3% ions—sul lated bus	of its subject to disiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 331/3% of its
10	An organi	zation organized ar	nd operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).	
11	An organ purposes 509(a)(3).	zation organized a of one or more pu Check the box that be I b	and operated exclusive ublicly supported organ t describes the type of a Type II c	ely for the izations supporting.	e benefit described ng organiz III-Funct	t of, to point of the point of	perform to ion 509(and dicompleted tegrated	the funct a)(1) or se ete lines 1	tions of, ection 509 1e through	9(a)(2). See section gh 11h. Type III-Other
€		foundation manag	y that the organization gers and other than one							
				6	the IDC 4		- T	1 T	ll an Tua	
f		on, check this box	a written determination	on irom		natitis		i, Type		· · · · ·
ç	Since Aug following		the organization accep	pted any	gift or co	ontributio	n from a	any of the	•	
			indirectly controls, eitle body of the supported of							nd Yes No
	(ii) A fami	ly member of a per	son described in (i) abo	ve?						11g(ii)
	(iii) A 35%	controlled entity of	of a person described in	ı (i) or (iı) a	above? .					11g(iii)
H	n Provide th	e following informa	ation about the support	ed organi	zation(s).					
(i)	Name of supporte organization	ed (ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S ?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)							-			
(D)	,									
(E)										
				1	1		-	1	1	

Total

Page 2

Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	-	
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	ete Part III.)		-
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	-
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)			(4) = 5 : 5	(1)	(7)	-
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	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							_
6	Public support. Subtract line 5 from line 4.							_
	on B. Total Support		T # > 2222	() 0000	1 (0.0040		· · ·	_
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009_	(d) 2010	(e) 2011	(f) Total	_
7	Amounts from line 4							_
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 12	Total support. Add lines 7 through 10 [Gross receipts from related activities, etc.	•	•			12		- -
13	First five years. If the Form 990 is for the							_
Coati	organization, check this box and stop her ion C. Computation of Public Suppor				• • • •		▶	_
14	Public support percentage for 2011 (line 6	_		11 column (fl)		14	%	_
15	Public support percentage from 2010 Sch	• • •	-			15		_
16a	331/3% support test-2011. If the organiz							_
	box and stop here. The organization qual	lifies as a pub	licly supported	organization			🕨 [_
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					e 15 is 33½% 		כ
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factorization	ets the "facts- acts-and-circ	-and-circumsta	inces" test, ch	eck this box a	nd stop here. [Explain in supported	<u></u>
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the eets the	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check tl	nis box and st	op here.	_
18	Private foundation. If the organization die	d not check a		, 16a, 16b, 17a]
	instructions		<u></u>	<u> </u>		<u> </u>	· • [┙

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

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

Secti	on A. Public Support	47.407 17.0	oto notog boto	, piodoc co	inplote rare i	,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees				,,,	(3, 33, 33	(7)
	received. (Do not include any "unusual grants.")	15,270	12,800	9,700	5,500	3,600	46,870
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	177,351	186,709	166,565	186,135	194,184	910,944
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	o	o	0	o	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	192,621	199,509	176,265	191,635	197,784	957,814
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	o	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
_	Add lines 7a and 7b	0	0	0	0		0
8	Public support (Subtract line 7c from line 6.)						
Sacti	on B. Total Support						957,814
	dar year (or fiscal year beginning in)	(a) 0007	(h) 0000	(a) 0000	(-1) 0040	(-) 0044 I	(O.T.)
9	Amounts from line 6	(a) 2007 192,621	(b) 2008 199,509	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,	192,021	155,505	176,265	191,635	197,784	957,814
	royalties and income from similar sources .	3,371	1,263	61	1,915	338	7,848
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	o	0	o	0	0
С	Add lines 10a and 10b	3,371	1,263	61	1,915	338	7,848
11	Net income from unrelated business 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.)	195,992	200,772	176,326	193,550	198,122	964,762
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor						· · · <u>- </u>
15	Public support percentage for 2011 (line 8			3. column (f))		15	99.28 %
16	Public support percentage from 2010 Sch					16	99.22 %
Secti	on D. Computation of Investment Inc	ome Percer	ntage				70-
17	Investment income percentage for 2011 (I			line 13, colum	nn (f))	17	0.81 %
18	Investment income percentage from 2010					18	0.78 %
19a	331/3% support tests - 2011. If the organi	zation did not	check the box	on line 14, an	d line 15 is m		
b	17 is not more than 33½%, check this box a 33½% support tests—2010. If the organization						
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Page 4
·	instructions).	
	······································	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Society of Plastics Engineers, Color & Appearance Division 23-2004432 Information for Form 990-EZ, Part I, Line 10 **Purpose Class of Activity** Donee's Name & Address Amount \$ 5,000 Scholarship Terra State Community College, Fremont, OH Scholarship support for Plastics Coloring Program Support of technical conference (student travel) Society of Plastics Engineers, Newtown, CT \$ 2,000 Grant \$ 4,000 Scholarship Przybylski Scholarship, Bowling Green U., OH **Student Scholarship Scholarship** Mullins Scholarship, U of Southern Mississippi, MS \$4,000 Student Scholarship Grant Habitat for Humanity, Lombard, IL \$ 1,130 **Local Activities** Grant Terra State Community College, Fremont, OH \$ 350 Student Travel Support Society of Plastics Engineers, Newtown, CT \$ 29,433 **CAD RETEC Split** Support Information for Form 990-EZ, Part I, Line 16 Other expenses include General Office Expenses, Board Meetings, Web Hosting, Awards, and CAD RETEC Conference Expenses. CAD RETEC Conference Expenses include catering, A/V, printing, registration costs, and merchant fees. Information 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 06/30/12). Information for Form 990-EZ, Part III, Line 31 Other program services is a donation to Habitat for Humanity for local activities in Lombard, IL from CAD RETEC 2011.

Name of the organization

Employer identification number Society of Plastics Engineers, Color & Appearance Division 23-2004432 Information for Form 990-EZ, Part IV Additional Directors are listed below: Name **Address** Aumann, Scott EMD Chemicals, 110 EMD Blvd., Savannah, GA 31407 Balthazar, Earl Spectro Techs Color Solutions, 6515 Fannin Farm Way, Arlington, TX 76001 Becker, Doreen Americhem Corporation, 15 Woodland Road, Pleasantville, NY 10570 Bodi, Alan PolyOne, 80 Northwest Street, Norwalk, OH 44857 **Button, Hal** Akrochem Corp., 255 Fountain Street, Akron, OH 44304 Bykowski, Paul Finos LLC, 1778 LaPorte Street, Portage, IN 46368 Ehr, Sharon Uniform Color Company, 942 Brooks Ave., Holland, MI 49423 Paramount Colors Inc., 10186 Taylor Road, Reynoldsburg, OH 43068 Esker, Steve Goldstein, Steve Clariant Masterbatches, 85 Industrial Drive, Holden, MA 01520 Kennedy, Howard Dominion Colour Corporation, 199 New Toronto Street, Toronto, Ontario, 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 Clariant Corporation, 6369 Peachtree Street, Norcross, GA 30071 Nitardy, Larry ComAssist, 4 Major Court, Wilder, KY 41076 Phillips, Tracy Uniform Color Company, 1345 Watercrest Circle, Lawrenceville, GA 30043 Przybylski, Jamie Terra State Community College, 2830 Napoleon Road, Fremont, OH 43420 Tronox LLC, 3301 NW 150th Street, Oklahoma City, OK 73134 Rachal, Tom 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 Street, Newport, DE 19804 Suthers, Johnny 4416 Fieldstone Drive, Kingsport, TN 37664 Treat, Cheryl A. Schulman Inc., 350 N. Buckeye Street, Bellevue, OH 44811 Tyler, Mark Ticona, 8040 Dixie Highway, Florence, KY 41042 West, Brian Techmer PM LLC, 1 Quality Circle, Clinton, TN 37716