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DLN: 93493318029223

Form **990**

Department of the Treasury Internal Revenue Service

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)

2012

OMB No 1545-0047

Open to Public Inspection

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

		pplicable	C Name of organization	-2012	D Employer	identification number
– _{Ad}	dress ch	ange	SOCIETY OF CHEMICAL MANUFACTURERS AND AFFILIATES INC		13-2903	885
— _{Na}	me chai	nge	Doing Business As			
_	tıal retui rminated		Number and street (or P O box if mail is not delivered to street address) Room/suit 1850 M STREET NW SUITE NO 700	e	E Telephone	
— _{Am}	nended i	return	City or town, state or country, and ZIP + 4		(202)72	1-4100
— Ар	plication	pending	WASHINGTON, DC 20036		G Gross recei	pts \$ 11,330,792
			F Name and address of principal officer LAWRENCE SLOAN	H(a) Is th	ıs a group ret ates?	urn for Yes 🗸 No
			1850 M STREET NW SUITE NO 700 WASHINGTON, DC 20036	H(b) Are a	all affiliates in	ncluded? TYes TNo
r Ta	ıx-exem	ıpt status	501(c)(3)	If "N	o," attach a l	ist (see instructions)
ı w	ebsite	: ► WW	VW SOCMA ORG	H(c) Grou	up exemption	number ►
K For	m of org	ganızatıon	✓ Corporation Trust Association Other ►	L Year of fo	rmation 1977	M State of legal domicile NY
Pa	rt I	Sum	ımary			
Governance	- - -	PROMO	escribe the organization's mission or most significant activities TE THE INTERESTS OF THE CUSTOM, BATCH, AND SPECIALTY CHE			
9.05 5	2 (Check th	his box দ if the organization discontinued its operations or disposed of	more than 2	25% of its net	t assets
			of voting members of the governing body (Part VI, line 1a)		⊢	3 21
Activities &			of independent voting members of the governing body (Part VI, line 1b)			4 21 F 40
			mber of individuals employed in calendar year 2012 (Part V, line 2a) .		· · · · · · ·	5 40 6 20
ŧ.			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12			'a 135,458
			elated business taxable income from Form 990-T, line 34		<u> </u>	b -12,792
	"	vec ume	stated business taxable income from Form 550 1, line 54	1	r Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	PIIC	0	
횰	9				3,488,488	
ē	-		am service revenue (Part VIII, line 2g)		· · ·	+
Reveni	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,379,426	
	11 12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		415,323	384,449
	12		· · · · · · · · · · · · · · · · · · ·		5,283,237	5,050,117
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		16,200	10,200
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)		0	0
\$	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines)		2,525,393	2,566,576
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		0	0
ਡੋ	b	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶0			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,748,445	3,461,135
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,290,038	6,037,911
	19	Reven	ue less expenses Subtract line 18 from line 12		-1,006,801	-987,794
Net Assets or Fund Balances					g of Current 'ear	End of Year
9.4E 10.4E	20	Total	assets (Part X, line 16)		21,384,201	. 22,411,888
7 E	21	Total	liabilities (Part X, line 26)		3,079,202	3,725,398
	22		ssets or fund balances Subtract line 21 from line 20		18,304,999	18,686,490
Pa	rt II	Sign	nature Block			
ny k	nowled	ige and is any ki	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other than nowledge	an officer) is	based on all	
Ci~-	•	**** Signa	*** ature of officer		013-11-14 ate	
Sigr Her		'	NCIS SHAFER CFO	5.		
	-		e or print name and title			
		F	Print/Type preparer's name Preparer's signature Da	te Che	eck if PT	
Pai	d	<u> </u>	DAVID TRIMNER	self	-employed PO	0444822
	_{pare}		Firm's name CLIFTONLARSONALLEN LLP	Fim	n's EIN 🟲 41-07	46749
	Onl		Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020	Pho	ne no (571) 22	7-9500
Jat	, OIII	'y	ARLINGTON, VA 22203		. ,	
		I	ANLINOTON, VA ZZZOJ	ı		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

FUIII	750 (2012)	Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
TO I SPEC SMA EVE INTE AND INCI	E 1921, SOCMA HAS SERVED AS THE VOICE OF THE CUSTOM, BATCH AND SPECIALTY CHEMICAL INDUSTRY AS STRENGTH LIES WITH A DIVERSE MEMBERSHIP THAT INCLUDES COMPANIES WHOSE SIZES RANGE FROM SMEALTY PRODUCERS TO LARGE MULTINATIONAL CORPORATIONS SOCMA SPEAKS FOR AND SERVES BATCH, CULC COMPANIES THAT MAKE PRODUCTS ESSENTIAL TO THE LIFE, HEALTH AND WELL-BEING OF PEOPY WHERE SOCMA PROMOTES INNOVATIVE, SAFE AND ENVIRONMENTALLY RESPONSIBLE OPERATIONS THAT AS INATIONALLY COMPETITIVE TO A HEALTHY, PRODUCTIVE ECONOMY SOCMA SPEAKS FOR & SERVES BATCH, SPECIALTY CHEMICAL COMPANIES IT ACHIEVES ITS MISSION BY ACCELERATING THE POTENTIAL FOR MEMBERS ASING PUBLIC CONFIDENCE IN THE CHEMICAL INDUSTRY, & POSITIVELY INFLUENCING THE PASSAGE OF RAREGULATIONS	IALL JSTOM AND LE ARE CUSTOM BER GROWTH
	Old the organization undertake any significant program services during the year which were not listed on	
	·	es 🔽 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🔽 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other characteristics. The total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	GOVERNMENT RELATIONS - PROVIDES REPRESENTATION TO MEMBERS AND AFFILIATES BEFORE GOVERNMENT	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$ MEMBERSHIP/MARKETING - MAINTAINS CURRENT MEMBERS, RECRUITS NEW MEMBERS AND PROVIDES MEMBERSHIP EVENTS THROUGHOUT THE) VEAD
	THE IDENSITY OF THE IDENSITY O	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	ASSOCIATION MANAGEMENT SERVICES (AMS) - PROVIDES PUBLICATIONS AND SERVICES TO SOCMA AFFILIATES	
	(Code) (Foreness & maked as a small of the code of th	
	(Code) (Expenses \$ including grants of \$) (Revenue \$ CHEMSTEWARDS -PROVIDES AN ENVIROMENTAL, HEALTH, SAFETY AND SECURITY (EHS&S) MANAGEMENT PROGRAM TO ASSIST MEMBER COMPAN IMPROVING EHS&S PERFORMANCE) IES IN
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses b	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 		
	gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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	- I		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	↓		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	<u> </u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Į ļ		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 committee, explain in Schedule O			
b	Enter the number of voting members included in 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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>evenu</u>		•
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶FRANCIS SHAFER 1850 M STREET NW SUITE NO 700 WASHINGTON, DC (202)721-4100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII $\,\cdot\,\,\cdot\,\,\cdot\,\,$.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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, or 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 directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	Name and Title A verage hours per week (list any hours					chec , unle officeustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) DAVID HURDER	2 00	х		х				0	0	0	
CHAIRMAN										_	
(2) DAVID DECUIR 1ST VICE CHAIR	2 00	х		х				0	0	0	
(3) J STEEL HUTCHINSON	2 00										
TREASURER & SECOND VICE CHAIR		Х		Х				0	0	0	
(4) ANDY HARRIS	2 00										
SECRETARY		Х		Х				0	0	0	
(5) LARRY BROTHERTON	2 00										
	2 33	Х		Х				0	0	0	
IMMEDIATE PAST CHAIRMAN (6) CHARLES BENNETT	2 00										
	2 00	Х						0	0	0	
AT LARGE MEMBER (7) ASLAM MALIK	2.00										
	2 00	х						О	0	0	
GOVERNOR											
(8) CHARLES GAVIN	2 00	х						О	0	0	
GOVERNOR											
(9) CHARLES HINTON	2 00	х						o	0	0	
GOVERNOR								-			
(10) STEPHEN MUNK	2 00	х						0	0	0	
GOVERNOR								<u> </u>			
(11) BRIAN DENISON	2 00	х						0	0	0	
GOVERNOR		^						<u> </u>		0	
(12) CRAIG HUFFMAN	2 00	\ <u>'</u>						0			
GOVERNOR		Х						U	0	0	
(13) ERIC NEUFFER	2 00										
GOVERNOR		Х						0	0	0	
(14) GENE WILLIAMS	2 00										
GOVERNOR		Х						0	0	0	
(15) KENNETH ALLEN	2 00										
GOVERNOR		Х						0	0	0	
(16) DANIELE PIERGENTILI	2 00										
	2 55	Х						0	0	0	
GOVERNOR	2 00						\vdash				
(1/) RAINER EISCHEID											
(17) RAINER EISCHEID AT LARGE MEMBER	2 00	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a dii Institutional	one bot	not box h ar or/ti	c unifice Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F Estim amount of compen from organiz and re organiz	ated of other is ation the zation lated
		stee	Trustee		Œ.	pensated					
(18) SUSAN OSTROWSKI	2 00	x						(0		0
AT LARGE MEMBER		^									
(19) MICHAEL OTT	2 00	x						0	0		0
GOVERNOR		^									U
(20) WALTER ADAMS	2 00	x						0	0		0
GOVERNOR		^							Ĭ		U
(21) GRAHAM MERFIELD	2 00	x							0		0
GOVERNOR		^							Ĭ		U
(22) DANA MATHES	2 00	х						(0		0
GOVERNOR		_ ^									U
(23) LARRY SLOAN PRESIDENT & CEO	37 50			х				218,266	0		29,187
(24) FRANCIS SHAFER	37 50										
CHIEF FINANCIAL OFFICER				Х				115,993	0		7,495
(25) BILL ALLMOND	37 50								_		
VICE PRESIDENT, GOVERNMENT						X		118,918	0		7,513
(26) DOLORES ALONSO	37 50								_		
MANAGING DIRECTOR, MEMBERSHI						X		124,938	0		13,131
(27) TUCKER HELMES MANAGING DIRECTOR, AMS	37 50					х		144,379	0		22,282
(28) HOLLAND JORDON	37 50										
MANAGING DIRECTOR, CHEMSTEWARDS	3, 30					Х		110,517	0		20,925
1b Sub-Total	· · · ·					F					
c Total from continuation sheets to Pa	t VII, Section A					►					
d Total (add lines 1b and 1c)						▶		833,011	0		100,533
2 Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than	•		
										Yes	No

	_		res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			_
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
OTT CONSULTING LC 1711 FOREST LANE MCLEAN VA 22101	CONSULTING	210,984
CONRAD LAW & POLICY COUNSEL 1155 CONNECTICUT AVE NW SUITE 50 WASHINGTON DC 20036	LEGAL	132,376

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part V	**	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check if Schedule O Co	ontanis a respoi	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514				
0	1a	Federated campaigns	1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b									
Gr2	c	Fundraising events .	1c									
žĒ.	_	Related organizations										
Gif ilal	d											
ns,	е	Government grants (contrib	utions) 1e									
er S	f	All other contributions, gifts, similar amounts not included	grants, and 1f d above									
寶美	g	Noncash contributions includ	led in lines		i							
1 d 1		1a-1f \$										
<u>5 E</u>	h	Total. Add lines 1a-1f		• •								
<u>ā</u>				Business Code								
ven.	2a	MEMBERSHIP DUES AND ASS	SESSMENTS	900099	3,460,312	3,460,312						
<u>æ</u>	b	MEETINGS AND WORKSHOP	'S 	900099	411,240	411,240						
90E	С	MANAGEMENT FEES		561000	127,458		127,458					
Ser.	d											
Ē	е											
Program Serwce Revenue	f	All other program serv	ice revenue									
ΔŤ	g	Total. Add lines 2a-2f		🕨	3,999,010							
	3	Investment income (in			375,091			375,091				
	4	and other similar amou Income from investment of			3,3,031			373,03				
	4 5			proceeds •	303,693			303,693				
	,	· —) Real	(II) Personal	,			•				
	6a	Gross rents	64,916	(ii) i cissilai								
	b	Less rental	0									
	c	expenses Rental income	64,916									
	_	or (loss)	·		64,916	64,916						
	d	Net rental income or (le		· · · · · · · · · · · · · · · · · · ·	04,910	04,910						
	7a	Gross amount	ecurities	(II) Other								
		from sales of assets other than inventory	6,572,242									
	b	Less cost or other basis and	6,280,675									
		sales expenses Gain or (loss)	291,567									
	c d	Net gain or (loss) .	•	_	291,567			291,567				
a l		Gross income from fundevents (not including			231,307			231,307				
Other Revenue		\$of contributions reported See Part IV, line 18	ed on line 1c)									
ē Ā	ь		а									
₹	c	Less direct expenses Net income or (loss) from		∟ events ⊾								
		Gross income from gan See Part IV, line 19	ning activities									
			а									
	b	Less direct expenses										
	C	Net income or (loss) from		vities								
	10a	Gross sales of inventor returns and allowances										
		and anomanees	a									
	b	Less cost of goods so	ld b									
	С	Net income or (loss) from	om sales of inv	entory 🛌								
		Mıscellaneous Reven	iue	Business Code								
	11a	WEBSITE ADS		900099	8,000		8,000					
	b	OTHER INCOME		900099	7,840			7,840				
	c											
	d	All other revenue .										
	e	Total. Add lines 11a-1	l1d	🕨	15,840							
	12	Total revenue. See Ins	tructions .	🕨		2 026 460	135 450	070 10:				
I				` 	5,050,117	3,936,468	135,458	978,191				

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All		·		
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	t include amounts reported on lines 6b, , 9b, 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 governments and organizations in the United States See Part IV, line 21	10,200			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	370,941			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,831,877			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	64,900			
9	Other employee benefits	140,530			
.0	Payroll taxes	158,328			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	312,364			
c	Accounting	108,205			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	96,523			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	388,721			
2	Advertising and promotion	111,709			
	Office expenses	85,281			
	Information technology	126,540			
5	Royalties	652.354			
5	Occupancy	652,254			
7 8	Payments of travel or entertainment expenses for any federal, state, or local public officials	284,012			
9	Conferences, conventions, and meetings	388,290			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	97,025			
3	Insurance	41,970			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONSULTING	442,595			
b	OTHER	126,526			
c	MEMBERSHIP/SUBSCRIPTION	119,061			
d	EXHIBIT	80,059			
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	6,037,911			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in this	Part X				
		· , , , , , , , , , , , , , , , , , , ,			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			2 205 202	1	2.440.224
	2	Savings and temporary cash investments			2,285,383		2,140,321
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			36,390	4	122,164
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees. Complete Part Schedule L	t II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntribu	ting employers		6	
82	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			128,790		110,508
	10a	Land, buildings, and equipment cost or other basis Complete	10a	2,106,763	,		,
	Ь	- · · · · · · · · · · · ·	10b	1,784,796	360,313	10c	321,967
	11	Investments—publicly traded securities			9,043,312	11	10,541,742
	12	Investments—other securities See Part IV, line 11			9,530,013	12	9,175,186
	13	Investments—program-related See Part IV, line 11			, ,	13	, ,
	14	Intangible assets		_		14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,384,201		22,411,888
	17	Accounts payable and accrued expenses			1,408,470		1,561,964
	18	Grants payable			1, 100, 170	18	1,001,001
	19	Deferred revenue	•	• •	994,446	19	1,451,662
	20	Tax-exempt bond liabilities	•		551,115	20	1, 10 1,002
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
ities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus			21	
Liabilit		persons Complete Part II of Schedule L				22	
<u>-</u>	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third	d parties,		2-7	
		D		•	676,286	25	711,772
	26	Total liabilities. Add lines 17 through 25			3,079,202	26	3,725,398
s es		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	and c	complete			
e G	27	Unrestricted net assets			18,304,999	27	18,686,490
<u> </u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets				29	
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re ► 「	and			_
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
AS	32	Retained earnings, endowment, accumulated income, or other fui	nds			32	
≱	33	Total net assets or fund balances			18,304,999	33	18,686,490
Z	34	Total liabilities and net assets/fund balances			21,384,201	34	22,411,888
	L .	,					Form 000 (2012)

Par	t XI Reconcilliation of Net Assets				-3
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0	50,117
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,0	37,911
3	Revenue less expenses Subtract line 2 from line 1	3		- <u>c</u>	87,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		18,3	304,999
5	Net unrealized gains (losses) on investments	5		1,5	514,285
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 1	.45,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18,6	86,490
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	ıewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversidation, review, or compilation of its financial statements and selection of an independent accountant?	ght of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ı ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e require	3 b		

DLN: 93493318029223

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOCIETY OF CHEMICAL MANUFACTURERS AND AFFILIATES INC 13-2903885 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

3011	state & (offin 550 of 550 EZ) Z01Z				га	ye .
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ТОИ				
		(a	1)		(b)	
For e activ	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	,	Mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c))(5), o	or se		1
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1			2,295	,38
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				,32
b	Carryover from last year	2b			-1,589	
C	Total	2c			-1,414	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			344	,30
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			-1,759	,14
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93493318029223

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

F Attacil to Fol	illi 330. F See separate ilistructions.		
Name of the organization SOCIETY OF CHEMICAL MANUFACTURERS AND AFFILIATES INC			loyer identification number
Part I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990			
organization anomorea need to norm 550	(a) Donor advised funds		(b) Funds and other accounts
. Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	-	nor advi	sed Yes No
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?	_		
Part II Conservation Easements. Complete	f the organization answered "Yes"	to Forn	· · · · · · · · · · · · · · · · · · ·
Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education) Preservation of a	certifie	ically important land area d historic structure n of a conservation
casement on the last day of the tax year			Held at the End of the Year
a Total number of conservation easements		2a	Tiend at the End of the Fedi
b Total acreage restricted by conservation easements		2b	
c Number of conservation easements on a certified hist	oric structure included in (a)	2c	
d Number of conservation easements included in (c) ac historic structure listed in the National Register	, <i>,</i>	2d	
Number of conservation easements modified, transfer the tax year 🛌	red, released, extinguished, or termina	ted by th	ne organization during
Number of states where property subject to conservat	tion easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation ease	ements o	luring the year
A mount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easemen	ts during	g the year
Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the organization's financi		
art III Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	, or Otl	her Similar Assets.
If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education	, or rese	arch in furtherance of public
b If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	ets held for public exhibition, education		
(i) Revenues included in Form 990, Part VIII, line 1			► \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, histo following amounts required to be reported under SFAS			'
a Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Ar	t, His	tori	cal T	reasu	res, or C)the	<u>r Similar A</u>	sset	S (co.	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	ny of	the follo	wing that	are a	sıgnıfıcant us	e of it	s	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		е	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	furth	er the o	rganızatıor	ı's ex	kempt purpose	ın		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t		<u> </u>							<u> </u>	es	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	edıary	for c	ontribi	utions o	r other ass	ets	not	Γ γ	es	┌ No
b	If "Yes," explain the arrangement in Part XI	[I and complete the	e follov	ving t	able		_		T			
							-		A	moun	t	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?							Γ Y	es	□ No
ь	If "Yes," explain the arrangement in Part XII											ı
Pai	t V Endowment Funds. Complete											
1a	Beginning of year balance	(a)Current year	(D)) Prior y	rear	b (c) w	o years bacı	((a)	Three years back	(e)⊦	our ye	ars back
b	Contributions							+				
c	Net investment earnings, gains, and losses							+				
								_		<u> </u>		
d	Grants or scholarships					<u> </u>		_				
e	Other expenditures for facilities and programs											
f	Administrative expenses							_		<u> </u>		
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	ie 1g,	colum	nn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	re hel	d and a	dmınıstere	d for	the	_	<u>v. 1</u>	
	organization by (i) unrelated organizations		_					_		ı(i)	Yes	No_
	(ii) related organizations				• •					(ii)		
b	If "Yes" to 3a(II), are the related organization				ule R?		· · · · ·	٠.	<u></u>	3b		
4	Describe in Part XIII the intended uses of the	ne organization's er	ndowm	ent fu	ınds						•	
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				I					
	Description of property					or other estment)	(b) Cost or basis (oth		(c) Accumulat depreciation		(d) Bo	ok value
1a	and											
b i	Buildings		•									
c l	easehold improvements		•				969	9,005	779,	899		189,106
	easehold improvements	 						9,005 2,533	· ·	-		73,200
d i	<u>'</u>						222 91!	•	149,	333		

Part VIII Investments—Other Securities. See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives	4,970,858	F
(2)Closely-held equity interests	3,648,489	
(3)Other	3,040,405	I
(A) REAL ESTATE	262,085	F
(D) DEFENDED COMP. AFZE DIAN	202.754	-
(B) DEFERRED COMP - 457B PLAN	293,754	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	9,175,186	
Part VIII Investments—Program Related. Se		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>*</u>	
Part IX Other Assets. See Form 990, Part X, I (a) Descr		(b) Book value
(a) Descr	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED RENT	396,323	
DEFERRED COMPENSATION	293,754	
CAPITAL LEASE	21,695	
	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	711 770	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	711,772	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,467,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities]	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII) 2d]	
e	Add lines 2a through 2d	2e	1,514,285
3	Subtract line 2e from line 1	3	4,953,594
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 96,523		
b	Other (Describe in Part XIII)........... 4b		
c	Add lines 4a and 4b	4c	96,523
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,050,117
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	5,941,388
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)..............2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,941,388
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 96,523	3	
b	Other (Describe in Part XIII).............4b		
c	Add lines 4a and 4b	4c	96,523
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,037,911

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		SOCMA'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES SOCMA IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS SOCMA IS AWARE OF ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME AND IT BELIEVES ALL SUCH ACTIVITIES ARE PROPERLY REPORTED IN ITS TAX RETURNS THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2009 TO 2011 ARE OPEN FOR EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493318029223 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Employer identification number

SOCIETY OF CHEMICAL MANUFACTURERS

ND AFFILIATE	ES INC						13-2903885	
		ation on Grants	and Assistance				<u> </u>	
the select	ion criteria used	to award the grants $% \left\{ \left\{ 1\right\} \right\} =\left\{ 1\right\} =$	stantiate the amount of the or assistance? res for monitoring the use			lity for the grants or as	ssistance, and	▽ Yes □
='	'-	•	<u> </u>	-		Caralala (Ila		-1 1007 10 1 -
			Governments and recipient that receive					d "Yes" to
(a) Name an organı or gove	zatıon	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHEMICA EDUCATIONA FOUNDATION 1555 WILSON 700 ARLINGTON,	AL N N BLVD SUITE	52-1780515	501(C)(3)	10,200				"YOU BE THE CHEMIST" PROGRAM PURPOSE IS TO ADVANCE FOUNDATIONS EFFORTS TO FOSTER GREATER UNDERSTANDING OF SCIENCE AND THE VALUE OF CHEMISTRY

Enter total number of other organizations listed in the line 1 table . . .

art III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered '	"Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION SELECTS THE RECIPIENTS BASED ON THE SPONSORSHIP FORMS SUBMITTED BY THE GRANTEE ORGANIZATIONS AFTER THE FUNDS ARE TRANSFERRED TO THE RECIPIENTS THE ORGANIZATION RECEIVES A DETAILED ACKNOWLEDGMENT STATEMENT

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DLN: 93493318029223

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization SOCIETY OF CHEMICAL MANUFACTURERS AND AFFILIATES INC 13-2903885 Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence Health or companions Health or companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
	presonal services (e.g., maid, chauneur, cher)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title					(C) Retirement and	` '	(E) Total of columns	` '
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred benefits compensation	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)LARRY SLOAN PRESIDENT & CEO	(i) (ii)	207,246 0	11,020 0	0	14,456 0	14,731 0	247,453 0	0 0
(2)TUCKER HELMES MANAGING DIRECTOR, AMS	(i) (ii)	140,104 0	4,275 0	0	1,772 0	20,510 0	166,661 0	0 0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

50 complete this part for any additional mornation				
Identifier	Return Reference	Explanation		
SUPPLEMENTAL INFORMATION		SOCMA HAS A 457(B) DEFERRED COMPENSATION PLAN UNDER WHICH CERTAIN EMPLOYEES CAN DEFER INCOME THROUGH PAYROLL DEDUCTIONS WITH NO ADDITIONAL COST TO SOCMA THESE FUNDS ARE INVESTED IN MUTUAL FUNDS OFFERED BY AN INSURANCE COMPANY AND ARE RECORDED AT MARKET VALUE, TOGETHER WITH THE RELATED LIABILITY, IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION THE CONTRIBUTION TO THE FUND WAS \$6,000 AND \$8,250 FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, THE VALUE OF THE FUNDS WAS \$293,754 AND \$250,730, RESPECTIVELY		

Schedule J (Form 990) 2012

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DLN: 93493318029223

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization
SOCIETY OF CHEMICAL MANUFACTURERS
AND AFFILIATES INC

Employer identification number

13-2903885

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS, COMPRISED OF THE FIVE ELECTED OFFICERS, THE IMMEDIATE PAST CHAIR, AND FROM ONE TO THREE OTHER GOVERNORS APPOINTED BY THE CHAIR AFTER CONSULTATION WITH THE NOMINATING COMMITTEE AND THE BOARD OF GOVERNORS EXCEPT AS OTHERWISE REQUIRED BY LAW OR THE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE SUCH AUTHORITY AS THE BOARD OF GOVERNORS SHALL GRANT IT FOR THE MANAGEMENT OF SOCMA THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND SHALL PROVIDE REPORTS ON ITS CONCLUSIONS, RECOMMENDATIONS, AND ACTIONS TO THE BOARD OF GOVERNORS ON A REGULAR BASIS THE EXECUTIVE COMMITTEE SERVES AS THE DE FACTO FINANCE COMMITTEE FOR SOCMA

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PROSPECTIVE MEMBERS MUST APPLY FOR MEMBERSHIP IN ONE OF THE FOLLOWING CATEGORIES ACTIVE MEMBERS ANY CORPORATION, FIRM, OR INDIVIDUAL ENGAGED IN THE MANUFACTURE OF CUSTOM, BATCH, AND SPECIALITY CHEMICALS IN THE US, MEXICO, AND CANADA (NAFTA COUNTRIES) INTERNATIONAL MEMBERS ANY CORPORATION, FIRM, OR INDIVIDUAL ENGAGED IN THE MANUFACTURE OF CUSTOM, BATCH, AND SPECIALITY CHEMICALS OUT OF THE NAFTA COUNTRIES, OR WHOSE PARENT OR ANY SUBSIDIARY MANUFACTURES CUSTOM, BATCH, AND SPECIALITY CHEMICALS OUTSIDE OF NAFTA COUNTRIES, BUT WHICH HAS SALES OF CUSTOM, BATCH, AND SPECIALITY CHEMICALS IN THE NAFTA COUNTRIES ASSOCIATE MEMBERS ANY CORPORATION, FIRM, OR INDIVIDUAL THAT DOES NOT MANUFACTURE CUSTOM, BATCH, AND SPECIALITY CHEMICALS, AND WHOSE PARENT OR SUBSIDIARY DOES NOT MANUFACTURE CUSTOM, BATCH, AND SPECIALITY CHEMICALS, BUT WHO HAS SALES OF CUSTOM, BATCH, AND SPECIALITY CHEMICALS, BUT WHO HAS SALES OF CUSTOM, BATCH, AND SPECIALITY CHEMICALS IN NAFTA COUNTRIES AFFILIATE MEMBERS ANY CORPORATION, FIRM, OR INDIVIDUAL WHO PROVIDES SERVICES OR PRODUCTS TO THE CUSTOM, BATCH, AND SPECIALTY CHEMICAL INDUSTRY IN NAFTA COUNTRIES, AND WHO HAS AN INTEREST IN THE DEVELOPMENT OF THE CUSTOM, BATCH, AND SPECIALTY CHEMICAL INDUSTRY IN NAFTA COUNTRIES HONORARY MEMBERS ANY INDIVIDUAL PROMINENTLY INDENTIFIED WITH THE PROFESSIONAL, FINANCIAL, OR INDUSTRIAL DEVELOPMENT OF THE CUSTOM, BATCH, AND SPECIALTY CHEMICAL INDUSTRY IN THE NAFTA COUNTRIES OR ANYWHERE IN THE WORLD CAN BE ELECTED IN THE NAFTA COUNTRIES OR ANYWHERE IN THE WORLD CAN BE ELECTED IN THE NAFTA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ALL ACTIVE MEMBERS HAVE ONE VOTE EACH AND HAVE THE RIGHT TO VOTE AND TO ELECT THE OFFICERS AND THE BOARD OF GOVERNORS OF SOCMA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ALL ACTIVE MEMBERS HAVE ONE VOTE EACH AND HAVE THE RIGHT TO VOTE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY INDEPENDENT ACCOUNTANTS AND REVIEWED BY SOCMA'S CHIEF FINANCIAL OFFICER AND PRESIDENT & CEO, AS WELL AS PROVIDED TO THE BOARD FOR REVIEW, PRIOR TO FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO BE ALERT FOR AND AVOID SITUATIONS WHICH MIGHT BE CONSTRUED AS CONFLICTS OF INTEREST ANY POSSIBLE CONFLICTS OF INTEREST ON THE PART OF ANY BOARD MEMBER SHOULD BE DISCLOSED TO THE OTHER BOARD MEMBERS AND THE SOCMA PRESIDENT AND MADE A MATTER OF RECORD ANY BOARD MEMBER HAVING CONFLICTS OF INTEREST SHOULD NOT VOTE OR USE HIS/HER PERSONAL INFLUENCE ON THE MATTER, AND HE/SHE SHOULD NOT BE COUNTED AS PART OF A QUORUM FOR THE MEETING THE MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE WAS MADE, THE ABSENTION FROM VOTING, AND THE QUORUM SITUATION THESE RESTRICTIONS SHOULD NOT BE CONSTRUED AS PREVENTING THE BOARD MEMBER FROM BRIEFLY STATING HIS/HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTION OF OTHER BOARD MEMBERS, SINCE HIS OR HER KNOWLEDGE COULD BE OF ASSISTANCE TO THE DELIBERATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF GOVERNORS REVIEWS THE COMPENSATION OF THE CEO EACH YEAR AN INDEPENDENT COMPENSATION STUDY IS CONDUCTED ANNUALLY TO REVIEW THE COMPENSATION OF THE CEO AND SENIOR STAFF THIS PROCESS WAS LASTED CONDUCTED IN 2012

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	MINIMUM PENSION OBLIGATION PAYMENT -145,000