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SCANNED MAY 3 1 2013

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)

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

2012
Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning	and ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change Name	CHEMICAL INDUSTRY COUNCIL OF ILLINO	IS		
╘	change				133292
	return Termir	Number and street (or P.O. box if mail is not delivered to street address) 1400 EAST TOUHY AVENUE	Room/si 110		r 445995
	Ameno return	City, town, or post office, state, and ZIP code		G Gross receipts \$	859,205.
	Applic			H(a) Is this a group re	
	pendir	F Name and address of principal officer:MARK BIEL SAME AS C ABOVE		for affiliates? H(b) Are all affiliates ind	Yes X No
T	Tax-exe	empt status:)(1) or!	 ''	list. (see instructions)
J	Websit	e: ► N/A		H(c) Group exemptio	· · ·
K	Form of	organization: X Corporation Trust Association Other	LY	ear of formation: 1987 N	A State of legal domicile: IL
P	art I	Summary			
Activities & Governance	1	Bnefly describe the organization's mission or most significant activities: $\overline{ t PR}$ CHEMICAL INDUSTRY	OVIDES	EDUCATION FO	R THE
rna		Check this box If the organization discontinued its operations or di	sposed of m	ore than 25% of its net as	ssets.
ŏ	1	Number of voting members of the governing body (Part VI, line 1a)		3	28
Ğ		Number of independent voting members of the governing body (Part VI, line	1b)	4	27
se se		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	4
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	27
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	ŀ		,	Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	,	10,000.	10,000.
Revenue	9	Program service revenue (Part VIII, line 2g)	ļ	580,068.	743,071.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,173.	27,529.
	11	Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		102,784.	78,605.
		Total revenue - add lines 8 through 11 (mustequal PartVill, edumn (A), line 1	2)	717,025.	859,205.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)]	0.	0.
	14	Benefits paid to or for members (Partity column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employed benefits (Part 1X, column (A) lines 5-	10)	490,247.	504,940.
Expenses	16a	Professional fundraising fees (Part IX, Column (A), line 11e)	0.		0.
Ř	1 D	Total fundraising expenses (Part IX, column (P) ine 25)		225,484.	333,225.
	1	Other expenses (Part IX, column (A) Hines 11 11 11 11 11 11 11 11 11 11 11 11 11	}	715,731.	838,165.
		Revenue less expenses. Subtract line 18 from line 12		1,294.	21,040.
5		nevenue less expenses. Subtract line to nont line 12		Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		737,477.	732,591.
Net Assets	21	Total liabilities (Part X, line 26)		160,540.	142,866.
Ħ.	22	Net assets or fund balances. Subtract line 21 from line 20		576,937.	589,725.
P	art II	Signature Block	-	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying sche	dules and sta	tements, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information (of which prepa	arer has any knowledge.	
				5/6/	13
Sig	ın	Signature of officer		Date	
He	re	MARK BIEL, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	rell	Date Check	PTIN
Pai		MARGARET MCGINNIS MCC. COLLY	Duce	SD/13 self-employ	
	parer	Firm's name SELDEN FOX, LTD.		Firm's EIN	36-2985770
Use Only Firm's address 619 ENTERPRISE DRIVE					
	_	OAK BROOK, IL 60523-8835		Phone no. 6	30-954-1400
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2012) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS 36-6133292 Page 2
Pa	就則則 Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
•	PROVIDES EDUCATION FOR THE CHEMICAL INDUSTRY
	PROVIDES EDUCATION FOR THE CHEMICAL INDUSTRI
2	Did the organization undertake any significant program services during the year which were not listed on
-	
	•
	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?
	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 measured by expenses.
•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	LEGISLATIVE RECEPTION - MEET WITH ILLINOIS LEGISLATORS AND I.E.P.A.
	OFFICIALS REGARDING THE CHEMICAL INDUSTRY IN ILLINOIS
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	SEMINARS AND PROGRAMS ON REQUIREMENTS FOR FEDERAL AND STATE POLLUTION
	AND ACCIDENT CONTROLS
	THE RECIPIES CONTROLL
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	GENERAL MEMBERSHIP, GOLF OUTING AND ANNUAL MEETING - ALL MEMBERS
	INVITED TO MEET AND DISCUSS CICI MISSION
	INVITED TO MEET AND DIDCORD CICI MIDDION
4d	Other program services (Describe in Schedule O.)
74	
_	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶

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			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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? If "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	Х	ŀ
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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?			ŀ
	If "Yes," complete Schedule D, Part IV	9		х
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٦,
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 ((2012)

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PartIV Checklist of Required Schedules (continued)

			Yes	No
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	_	X
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		<u> </u>
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	X	
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			37
	Schedule K. If "No", go to line 25	24a		<u> </u>
	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	04-	ĺ	
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "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	200		
-	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		X
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		X
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
20 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		$\neg \neg$	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		_X_
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exemption of particular selected exemptions.	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26	- 1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	٠,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2012)

Form 990 (2012) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Part V 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	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1-
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	X	
2 a	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	2 a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country:	^ ^ ^ ^ ^ ^	nto			
50	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accou	nts.			X
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	etion?	,	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIL	•	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ae ora:	anization solicit	<u>x</u>		
ou	any contributions that were not tax deductible as charitable contributions?	io orgi	ariization solioit	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r aifts			
	were not tax deductible?		- 3	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 set	rvices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				: -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		· · · · · ·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any un	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					لــــا
b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			121	وودي.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				torr .
11	Section 501(c)(12) organizations. Enter:				,	
а	Gross income from members or shareholders	11a			-7.8	4
b	Gross income from other sources (Do not net amounts due or paid to other sources against		·		11.102	read
	amounts due or received from them.)	11b			المدا	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-	ત્હા હા	3 C ,470
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			. ,	12.15	V195 %
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				-,	1
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
	Did the organization receive any payments for indoor tanning services during the tax year?	·- ^	-	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eυ		14b		(2012)

Form 990 (2012) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS 36-6133292 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 28			
	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		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	Х
6	Did the organization have members or stockholders?	6_	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _	v	
L	more members of the governing body?	7a_	<u> </u>	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	 		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	 		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	u t		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	- v	L
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	Х	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_	, v.,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1, 30 9 <u>8</u> 92	en.	
	taxable entity during the year?	16a	erry can	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.00	D.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	रीक्षरद्वा	344	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	MARK BIEL - 847-544-5995			
232006	1400 E TOUHY AVE, SUITE 1100, DES PLAINES, IL 60018		000	
12-10-	12	Form	990	(2012)

Form 990 (2012) Part VIII 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

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 tax year.
- 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former 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.

(A) Name and Title	(B) Average			(C	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box,	, unle:	ss pe	rson	unan Is bot X/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK BIEL	40.00									
EXECUTIVE DIRECTOR		Х		X				191,450.	0.	64,149.
(2) WALTER PINTO	2.00									
CHAIRMAN		Х		X				0.	0.	0.
(3) MARK PAWELSKI	2.00									
PRESIDENT		Х		X				0.	0.	0.
(4) JOHN AMBROSE	2.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(5) CARRIE DYNIS	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(6) SUE TURNER	2.00									
PAST CHAIRMAN		Х		X				0.	0.	0.
(7) DAN VEST	2.00									
LEGISLATIVE		Х		X		<u>.</u>		0.	0.	0.
(8) SCOTT DILAVOU	2.00									
EDUCATION		Х		X				0.	0.	0.
(9) JOHN FOSTER	2.00					1			, -	
REGULATORY AFFAIRS		Х		X				0.	0.	0.
(10) HEIDI MCAULIFEE	2.00									
IPC		Х		X				0.	0.	0.
(11) GARY ANDRZEJEWSKI	2.00							_		
DIRECTOR		Х						0.	0.	0.
(12) JEFFREY BOIKE	2.00								_	_
DIRECTOR		Х					Щ	0.	0.	0.
(13) PETE COLARELLI	2.00								_	_
DIRECTOR		Х					L.	0.	0.	0.
(14) CHUCK DOEBLER	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) SCOTT HOGE	2.00								_	_
DIRECTOR		X				L		0.	0.	0.
(16) MATT KOUPAL	2.00							_	_	_
DIRECTOR		X			L_	L.	lacksquare	0.	0.	0.
(17) WILLIAM MOFFATT	2.00	_						_	_	_
DIRECTOR		X					L_	0.	0.	0.
232007 12-10-12										Form 990 (2012)

_			a
Pε	n	e	О

(A) Name and title	(B) Average hours per week	box.	(C) Position to not check more than one ox, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation		Est am	(F) amated ount of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	ons comp MISC) fro orga and		other pensation om the inization related nizations
(18) TODD OETTING DIRECTOR	2.00	x						0.	(ر. د		0.
(19) MIKE PRENTISS DIRECTOR	2.00	х						0.		,		0.
(20) MARK ROST	2.00		\vdash	\vdash		\vdash	_			+		
DIRECTOR		х			1			0.	(ا. د		0.
(21) JOE SIMON	2.00		Г									
DIRECTOR		X	<u> </u>			L	L	0.		<u>) </u>		0.
(22) SCOTT SEIBERT DIRECTOR	2.00	x						0.		ر.		0.
(23) DAVE TIERNEY	2.00											
DIRECTOR	2.00	X	<u> </u>		_	⊢	_	0.	•	o •		0.
(24) DICK WAGNER DIRECTOR	2.00	x						0.	(ا. د		0.
(25) COLLEEN WEBSTER	2.00	Ţ,										
(26) MIKE WESA	2.00	Х	├-		H	⊢	_	0.		<u>) (</u>		0.
DIRECTOR	2.00	x						0.		ا. د		0.
1b Sub-total	L				_	┢		191,450.		5.	64	1,149.
c Total from continuation sheets to Part VI	I, Section A					•		0.		٥.		0.
d Total (add lines 1b and 1c)						>		191,450.		٥.	64	1,149.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wł	no r	eceived more than \$100	0,000 of reportable			1
compensation from the organization		-										Yes No
3 Did the organization list any former officer,		ıste	e, ke	у еп	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su		ام مد		0000	***		4	har companation from	the eraenization	ŀ	3	X
and related organizations greater than \$150	•							•	trie organization		4	\mathbf{x}
5 Did any person listed on line 1a receive or a	•		•						idual for services	·	7	
rendered to the organization? If "Yes," com	•				-						5	Х
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for	•	•								ens	ation fr	rom
(A)	irie caleridai y	ear	enui	ng v	VILIT	OI W	10 111	(B)	year.		(C	`
Name and business	address	NO	INC	3	_			Description of s	ervices	С	ompen	
							\dashv					
							_					
							\dashv					
												····i
2 Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot lii	mıte	d to		se li: O	stec	d above) who received n	nore than		•	-
SEE PART VII, SECTION		ודי	TT 2	ነጥ ነ			SH.	EETS			Form (990 (2012)

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS 36-6133292 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim Government grants (contributions) 1e All other contributions, gifts, grants, and 10,000. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 10,000 h Total. Add lines 1a-1f Business Code 493,218. 129,248. 493,218 900099 2 a MEMBERSHIP DUES Program Service Revenue ASIAN CARP INITIATIVE 900099 129,248 c ASSOCIATE SEMINAR INCO 900099 33,159. 33,159. d LEGISLATIVE RECEPTION 900099 24,385. 24,385. e LEUCADIA MEDIA EFFORT 900099 23,004. 23,004. 900099 40,057. 40,057. f All other program service revenue g Total. Add lines 2a-2f 743,071. Investment income (including dividends, interest, and 27,529 27,529. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 4 66. 15. Car. 3-6 Part IV, line 19 O. Oak b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 MANAGEMENT FEES 70,430. 70,430

10

8,175

78,605.

859,205.

ΤÛ

900099

e Total. Add lines 11a-11d

d All other revenue

C

b SUBSIDIARY INCOME

Total revenue. See instructions.

8,175

821,676.

27,529. Form **990** (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon		is Part IX		
	not include amounts reported on lines 6b, 8b, 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				
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	208,819.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 405			
7	Other salanes and wages	228,495.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 707		ļ	
9	Other employee benefits	38,797. 28,829.		-	
10	Payroll taxes	20,029.			_
11	Fees for services (non-employees):				
	Management .				
b	Legal	4,475.		-	
C	Accounting .	4,4/5.		 	
d	Lobbying Drefessional fundrations assumed See Part IV June 17			<u> </u>	
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	152,252.			
12	Advertising and promotion	132,232.			
13	Office expenses	51,795.			· · · · · · · · · · · · · · · · · · ·
14	Information technology	31,733.			
15	Royalties				
16	Occupancy	33,180.			·
17	Travel	46,861.		-	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,725.			
20	Interest	,			<u> </u>
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization	1,512.			
23	Insurance	3,425.			·
24	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.)	r.	79 7 12 12 12 12 12 12 12 12 12 12 12 12 12	7-36. 6 % 04 " 1 65 "(\$ # + \$ £5 " 12 17	, , , , , , , , , , , , , , , , , , ,
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	838,165.			
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)				
232010	0 12-10-12				Form 990 (2012)

Par	ŢΧ	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200.	1	360
	2	Savings and temporary cash investments	310,778.	2	259,849
	3	Pledges and grants receivable, net		3	
ı	4	Accounts receivable, net		4	
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	{		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	•		
		employers and sponsoring organizations of section 501(c)(9) voluntary	}		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	-
3	8	Inventories for sale or use	•	8	
١,	9	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other		۱Ť	
ŀ		basis. Complete Part VI of Schedule D 10a 25, 16	ia.l		
1	b	Less accumulated depreciation 10b 20, 23		10c	4,925
	11	Investments - publicly traded securities	414,966.	11	452,560
	12	Investments - other securities, See Part IV, line 11	===7,300	12	132,300
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
	15	Other assets. See Part IV, line 11	6,896.	15	14,897
	16	Total assets. Add lines 1 through 15 (must equal line 34)	737,477.	16	732,591
ᅥ	17	Accounts payable and accrued expenses	737,477	17	152,551
	18	Grants payable		+	
ŀ	19	Deferred revenue	71,790.	18 19	34,618
	20	Tax-exempt bond liabilities	71,750.	20	34,010
	21	• • • • • • • • • • • • • • • • • • • •		+	
		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees		ļ	
}		key employees, highest compensated employees, and disqualified persons.		-	
	00	Complete Part II of Schedule L		22	
ı	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
ı	24	Unsecured notes and loans payable to unrelated third parties	•	24	
ŀ	25	Other liabilities (including federal income tax, payables to related third			
l		parties, and other liabilities not included on lines 17-24). Complete Part X of	88,750.		108,248
- 1	ne	Schedule D Tests lightlities Add lance 17 through 25	160,540.	-	142,866
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X ar		26	
. 1		, , , , , , , , , , , , , , , , , , , ,	l [*]	ت ع	(7 % st
1	07	complete lines 27 through 29, and lines 33 and 34.	576,937.		⊈मह्दरः 589,725
	27	Unrestricted net assets	370,337.	27	303,123
	28	Temporanly restricted net assets		28	<u> </u>
	29	Permanently restricted net assets	¬	29	****
:		Organizations that do not follow SFAS 117 (ASC 958), check here	☐ gary		SFAS 17
	00	and complete lines 30 through 34.	135. Sta		34 7
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Not Assets of 1 and Datamoos	32	Retained earnings, endowment, accumulated income, or other funds	FRC 025	32	500 50-
-	33	Total net assets or fund balances	576,937.	33	589,725
	34	Total liabilities and net assets/fund balances	737,477.	34	732,591

Form **990** (2012)

	1990 (2012) CHEMICAL INDUSTRY COUNCIL OF ILLINOIS	36-	6133292	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	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			<u>05.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>65.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>40.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>37.</u>
5	Net unrealized gains (losses) on investments	5	-1	3,2	<u>52.</u>
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	589	9,7	<u> 25.</u>
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	_			ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	7.8472.4		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		*	-
	separate basis, consolidated basis, or both:			* '	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	, / /	**	47:36
	consolidated basis, or both:				.
	Separate basis Consolidated basis Both consolidated and separate basis		- -		, 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1	·	X
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ರುಗ್ಗ	₹*
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		1.15.	· •
	Act and OMB Circular A-133?		3a		X
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	000	
			Form	9 90 ((2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ See separate instructions.

2012

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public

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) organi	zations: Complete Part III.	,	, , a , , (,	· u.x.,, t.i.o.i.
Name of organization		· · · · · · · · · · · · · · · · · · ·	Empl	oyer identification number
	AL INDUSTRY COUNCI			36-6133292
Part I-A Complete if the o	rganization is exempt unde	er section 501(c) or is a section 527 o	rganization.
 Provide a description of the orga Political expenditures Volunteer hours Part I-B Complete if the organization	nization's direct and indirect politica		▶ \$	
1 Enter the amount of any excise to			<u>√√0</u> .	
2 Enter the amount of any excise to				
3 If the organization incurred a sec	· ·		· •	Yes No
4a Was a correction made?	•	,		Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the o	rganization is exempt unde	er section 501(c), except section 501(c)(3).
1 Enter the amount directly expend	ded by the filing organization for sec	tion 527 exempt fun	ction activities > \$	
2 Enter the amount of the filing org	anization's funds contributed to oth	er organizations for	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditur	res. Add lines 1 and 2. Enter here an	id on Form 1120-PO	L, • •	
line 17b 4 Did the filing organization file For			• •	Yes No
5 Enter the names, addresses and made payments. For each organi contributions received that were	employer identification number (EIN ization listed, enter the amount paid promptly and directly delivered to a lf additional space is needed, provide	from the filing organ separate political or	nization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(b) Name	(b) Address	(O) Env	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduction Act Notic	e, see the Instructions for Form 99	90 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2012

232041 01-07-13

LHA

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the org	CHEMICAL IN	DUSTRY COUN	CIL OF ILLI	NOIS 36-6	133292 Page 2
(election under sec		inpranaci ocono	n oo no,o, ana m	ca i omi or oo	
	```	liated group (and list in	Part IV each affiliated	group member's nam	e address FIN
	e of excess lobbying		, i ai i i v dao, ai i i ai ca	group mombol o han	o, addrood, E.11,
·		nd "limited control" pro	ovisions apply.		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)	· ·			
d Other exempt purpose expenditure	es			•	
e Total exempt purpose expenditure	s (add lines 1c and 1d	d)			
f Lobbying nontaxable amount Ente	er the amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		1 313
Not over \$500,000	20% of	the amount on line 1e			* * * *
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000	-	,
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc		-	* \$ 4 7 4
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce		*****	and a state of the
Over \$17,000,000	\$1,000,				•
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>			
g Grassroots nontaxable amount (en	ter 25% of line 1f)		_		
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero	or less, enter -0-			-	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made a s lumns below. See th	eraging Period Under section 501(h) election e instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period	<u>.</u>	
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		· ,	7112 2 170		
(150% of line 2a, column(e))	P 1		रेष् च श		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		μ, , , , , , , , , , , , , , , , , , ,	5 3		
(150% of line 2d, column (e))		43, 4	4, 4, 5,	: - 14	
(*, * *	· -	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 CHEMICAL INDUSTRY COUNCIL OF ILLINOIS 36-6133292 Page 3

Part II, B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	a)		(t)
	e lobbying activity.	Yes	No		Amo	ount
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
_			-	\dashv		
	Mailings to members, legislators, or the public?		 	-		
	Publications, or published or broadcast statements?		<u> </u>	\dashv		
	Grants to other organizations for lobbying purposes?		-	\dashv		
9		-	ļ	-		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>	\dashv		
	Other activities?	Der A	mil. 16 de 1			
J	Total. Add lines 1c through 1i	a et Per	30°46			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	7	# ·		8 19 2 4 3 44	en estrocada
	If "Yes," enter the amount of any tax incurred under section 4912	43 (4) (8)	1	40.3		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1/42/01/3/		100 (40)	* * ¥	24 () 2 \$2 av60a.4
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? †	ion FO1/o	(F) an	لِـ	u fras imavii.	al the resident
r, ai	, <u>, , , , , , , , , , , , , , , , , , </u>	ion sur(c)	(S), or	se	CTION	
	501(c)(6).					
_			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		· —	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	. 504()		3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."		• • •		t III-A, lir	
1	Dues, assessments and similar amounts from members		—	1	493	3,218.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	190	REAL STATE		
	expenses for which the section 527(f) tax was paid).		B			
а	Current year		2	2a	83	3,442.
b	Carryover from last year		2	<u>b</u>		
С	Total .		_ 2	<u>?c</u>		3,442.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		Ŀ	3	98	3,644.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	cess		1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		. L.	4		
_5	Taxable amount of lobbying and political expenditures (see instructions)			5	-15	,202.
Par	Supplemental Information		-			
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II-A (affili	ated gro	oup	list); Part II	A, line 2;
	Part II-B, line 1. Also, complete this part for any additional information. COUNCIL PERFORMS INHOUSE LOBBYING ACTIVITIES ON	BEHALF	OF 3	ΙT	S MEME	BERS
ANI	THE CHECMICAL INDUSTRY IN ILLINOIS.				_	
	THE GIRECTONE INDOBINI IN IBEINGIN					
		· · · · · · · · · · · · · · · · · · ·			·	
						<u>.</u>

SCHEDULE D

(Form, 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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. 2012
Openito Public Inspection

Name of the organization

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Employer identification number 36-6133292

Pa	Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		The state of the s
	- garage and a second a second and a second	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	•
·	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	in deficit devisor, or for any other purpose co	Yes No
Par		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ncally important land area
	Protection of natural habitat	Preservation of a certifie	- •
	Preservation of open space	 ,,,,,	- · · · · · · · · · · · · · · · · · · ·
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	
	year >	, , , , , , , , , , , , , , , , , , , ,	333
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
िख	Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		INDUSTRY								Page 2
Par	· · · · · · · · · · · · · · · · · · ·	···								
3	Using the organization's acquisition, accession	n, and other record	is, check	any of th	e following	that are a	significant	use of its	collection	items
	(check all that apply):		┌ .							
a	Public exhibition	d			change pro	grams				
ь	Scholarly research	е		Other						··
C	Preservation for future generations									
4	Provide a description of the organization's col	•		-	-			ose in Par	t XIII.	
5	During the year, did the organization solicit or					other simila	ar assets		_	
<u> </u>	to be sold to raise funds rather than to be ma								」Yes	<u> </u>
Par	t IV Escrow and Custodial Arrang		ete if the	organizati	ion answere	ed "Yes" to	Form 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Part		 							
1a	Is the organization an agent, trustee, custodia	in or other intermed	liary for o	contributio	ons or other	assets no	t included		٦.,	—
	on Form 990, Part X?				-				」Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing to	able:						
									Amount	
	Beginning balance	- •				-	1c			
	Additions during the year		•				1d			
_	Distributions during the year	• • ••	•				1e			
f	Ending balance						1f		1	
	Did the organization include an amount on Fo							L	」 Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete if							b		
	<u>.</u> ., , , .	(a) Current year	(b) Pi	nor year	(c) 1W0 y	ears back	(d) Three	rears back	(e) Four y	ears back
1a	Beginning of year balance				╂	-			 	
b	Contributions			<u> </u>					 	
_	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships									
е	Other expenditures for facilities				1				İ	
	and programs		_							
	Administrative expenses								<u> </u>	
g	End of year balance		-						<u> </u>	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1ç	g, column	(a)) held as	:				
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shoul	•								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held	and admin	stered for	the organi	zation	_	
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations	•							3b	
4 Day	Describe in Part XIII the intended uses of the									
Par	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T				T			.	
	Description of property	(a) Cost or of			st or other		Accumulate	i i	(d) Book	value
	I and	basis (investri	ileiit)	Dasis	s (other)	- ae	preciation	-+		
	Land .					-	•			
	Buildings	•	-+		··					
_	Leasehold improvements		-+			+				
d	Equipment		-+		25,163		20 2	20 		025
	Other Add lines 1s through 1s (Column (d) must en	ual Form 000 Port	V colu-			•1	20,2		4	925

Schedule D (Form 990) 2012

Schedule D	(Form 990) 2012	CHEMICAL IN			L OF ILLII	NOIS	36-6133292 Page 3
Part VII	Investments -	Other Securities. Se					
		OTY (including name of security)	(b) Boo	k value	(c) Method of	valuation: Cost o	or end-of-year market value
• •	al derivatives						
	held equity interests						
(3) Other							
(A)							
(B)							
(C)	-						
(D)							
(E)							
(F) (G)							
(H)							
(I)		, , , ,					
	b) must equal Form 990	, Part X, col. (B) line 12.)	1				
		Program Related. Se	e Form 990	Part X line 13			
	(a) Description of inv		(b) Boo			valuation: Cost of	or end-of-year market value
(1)	<u> </u>	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
(2)						-	
(3)			!				
(4)							
(5)							
(6)		·					
(7)							
(8)							
(9)							
(10)							
		, Part X, col. (B) line 13.)					
Part IX	Other Assets.	See Form 990, Part X, line	15.				
		(a)	Description				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)					·		
(10)							
· ·		orm 990, Part X, col. (B) line					>
Part X		S. See Form 990, Part X, I	ine 25.		b) Book value	1	· · · · · · · · · · · · · · · · · · ·
1.		Scription of liability			b) Book value	٠ ،	and the manner of the
	leral income taxes EFERRED COM	DENGATION			93,000	- 13.	And the second s
	NDS HELD F			 	15,248		WAY CA
	MDS REDD F	OK OTHERS			13,240	-	A Biggs of the colonial states and the colonial states as the colonial states are the colonial states as the colon
(4)							P TO STANK IN THE ME TO SHE TO SHE AND A SHE A
(5)						Ⅎ	ner tolk stroner in the
(6)	 		-			-	ET SERVICE HANGEN HANGE
(8)						┨ -	5 A 74 S F
(9)						`	••
(10)						1	
(11)						1	
	ımn (h) must equal Fo	orm 990, Part X, col (B) line	25)		108,248	1	
				note to the err			at reports the organization's
		tions under FIN 48 (ASC 7					

232053 12-10-12

	dule D (Form 990) 2012 CHEMICAL INDUSTRY COUNCIL		36-6133292 Page	4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return	_
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	<u>.</u>	
b	Donated services and use of facilities	2b]	
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
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	1 1	
b	Other (Describe in Part XIII.)	4b	1 .	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	_
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return	_
1	Total expenses and losses per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_
а	Donated services and use of facilities	2a	1 1	
b	Pnor year adjustments	2b	7	
С	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	- ••	3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	748	
b	Other (Describe in Part XIII.)	4b	1 1	
	Add lines 4a and 4b	10	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	_
	t XIII Supplemental Information		<u> </u>	_
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	Il lines 1a and 4: Part IV lines 1	1h and 2h: Part V line 4: Part	_
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			_
				_
				_
				_
				_
				_

Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Employer identification number 36-6133292

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u>. </u>	٠.	
	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		L
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	ļ		
	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	-	7	
	organization or a related organization	<u> </u>		
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	42		
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:	τ,		
а	The organization?	5a		<u> </u>
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	100	, ,	
	contingent on the net earnings of:	.*1 (، معتب	
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	13.27	Y 34	
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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		L
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Schedule J (Form 990) 2012

36-6133292

Page 2

Partill 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.

		(B) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(i)(B)	reported as deferred in prior Form 990
(1) MARK BIEL	8	136,10	41,350.	14,000.	33,177.	30,972.	255,59	27,250.
EXECUTIVE DIRECTOR	€ 1	0	0	0.	0	0.	0	0
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232112				(Schedu	Schedule J (Form 990) 2012

232112 12-12-12

SCHEDULE O

(Form,990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Employer identification number 36-6133292

FORM 990, PART VI, SECTION A, LINE 6: THE COUNCIL'S MEMBERS CONSIST OF INDIVIDUALS REPRESENTING VARIOUS COMPANIES WITHIN THE CHEMICAL INDUSTRY FORM 990, PART VI, SECTION A, LINE 7A: THE COUNCIL'S MEMBERS ELECT THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT AND PROVIDED TO THE COUNCIL'S EXECUTIVE DIRECTOR FOR REVIEW AND DISSEMINATION TO THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A: THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ASIAN CARP INITIATIVE: TOTAL EXPENSES 129,248. LEUCADIA MEDIA EFFORT: TOTAL EXPENSES 23,004. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 152,252.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047 2012 Open to Publi Inspection

Employer identification number 36-6133292

► See separate instructions. CHEMICAL INDUSTRY COUNCIL OF ILLINOIS ▶ Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

िहाम्स

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) E End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) £ controlled entity? Yes × × Direct controlling entity status (if section 501(c)(3)) Public charity 509(A)(2) <u>e</u> Exempt Code section ত্র 501(C)3 527 Legal domicile (state or foreign country) छ ILLINOIS ILLINOIS CANDIDATES & LOBBYING ON PROMOTE THE STUDY OF THE BEHALF OF THE CHEMICAL Primary activity SUPPORT POLITICAL CHEMICAL INDUSTRY <u>@</u> 36-3951983, 1400 EAST TOUHY AVENUE, SUITE ILLINOIS CHEMICAL EDUCATION FOUNDATION 1400 EAST TOUHY AVENUE, SUITE 110 Name, address, and EIN of related organization DES PLAINES, IL 60018 DES PLAINES, IL 60018 CHEMPAC - 91-1840463 110,

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

SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012

36-6133292 Schedule R (Form 990) 2012 CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

organizations treated as a corporation or trust during the tax year)	uring the tax year)		•						
(a)	(q)	(2)	(p)	(ə)			(h)	(!)	ç
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	7 dd (5)
		country)		or trusty		dssets	_	Yes	Š
MONROE STREET ASSOCIATES, INC 26-1607217									
1400 EAST TOUHY AVENUE, SUITE 110									
DES PLAINES, IL 60018	POLITICAL LOBBYING	II		c corp	8,175.	13,188.	100.00%	-	×
								_	
						-			
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Schedule R (Form 990) 2012

232162 12-10-12

Page 3

Schedule R (Form 990) 2012 CHEMICAL INDUSTRY COUNCIL OF ILLINOIS

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	vered "Yes" to Form	990, Part IV, line 34, 35b	or 36.)		•	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				\	Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			•
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	×
b Gift, grant, or capital contribution to related organization(s)				9	×	×
c Gift, grant, or capital contribution from related organization(s)				2	×	×
d Loans or loan guarantees to or for related organization(s)				₽	×	×
e I cans or loan quarantees by related organization(s)				4	×	×
				~ '		:
f Dividends from related organization(s)				=	×	×
g Sale of assets to related organization(s)				1g	×	x
h Purchase of assets from related organization(s)				ŧ	×	
i Exchange of assets with related organization(s)				;=	×	>
j Lease of facilities, equipment, or other assets to related organization(s)				; = (×	ا بج
k paca of familities an imment or other accate from related organization(s)				+	>	, 54
	nization(s)			≟ ∓	: ×	یرا: احرا:
core betales and enclosioned generalization is a citared mem so continue to continue to continue of a	mzation(c)			: !	¦ ×	_
	iization(s)			E ,	4 >	۔ ا ہ
) (S)			+	+	ا،
 Sharing of paid employees with related organization(s) 				2	×	Γ
					1	7,
				2	<	ا ہے
 Reimbursement paid by related organization(s) for expenses 				P P	<u>* </u>	آیہ
						٦,
 Other transfer of cash or property to related organization(s) 				-	∜ ‡	ا ہے
s Other transfer of cash or property from related organization(s)				1\$	×	ایر
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) MONROE STREET ASSOCIATES, INC.	0	70,430.	CASH TRANSACTION			
(2)						
(3)						
(4)						1
(5)						1
(9)						
232163 12-10-12	30		Schedule	Schedule R (Form 990) 2012	190) 201	2

B面後間 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

St. and EN Primary activity Legal domicile Predomitatin frome partial and end country) under section \$12-51-41 yes No mroome a country with the section \$12-51-	(a) (b) (c) (d)	(q)	(0)	(p)	(e)	€	(6)	£	(i)	8	3
under section 512-514) Yes No Income assets Ves No	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income particle (related, unrelated, 501		Share of total	Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box 20 of Schedille K-1	Seneral o managing partner?	Percentage ownership
			country)	under section 512-514) Yes	N ₀	ıncome	assets	Yes No	(Form 1065)	Yes	
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Schedule R Ferm 900) 2012											
Schedule R Form 990) 2012											
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Schedule R F Grange 2012			-							_	
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Schedule R (Form 990) 2012					_						
Schedule R Form 590/2012											
Schedule R Fform 990) 2012											
Schedule R (Form 990) 2012					_						
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Schedule R (Form 960) 2012								-		ł	
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Schedule R (Form 990) 2012	CHEMI	CAL INDU	STRY COUNCIL	OF	ILLINOIS	36-613	<u> 3292</u>	Page 5
Part VII Supplemental In								
Complete this part to	provide addition	nal information fo	or responses to question	ns on S	Schedule R (see in:	structions)		
DADM II IDEMMIEI	CAMTON O	e persone	D MAY BYBYD	n 00	0331773 MTO	NG.		
PART II, IDENTIFI	CATION U	F RELATE	D TAX-EXEMP	· OR	GANIZATIO.	NS:		
NAME OF RELATED O	RGANIZAT	ION:						
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CHEMPAC								
PRIMARY ACTIVITY:	CIIDDOD#	DOT TOTO	או פאאורדרואמי	י טיג	TODDVING	OM DEUM	ים ח	mur
FRIMARI ACTIVITI:	BOFFORT	PODITICA	AL CANDIDAL	2ο α	LOBBITNG	ON BERAL	r Or	THE
CHEMICAL INDUSTRY	•							
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Part VII Section A. Officers, Directors, Tr		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl		Pos all t	ition	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KAREN WILKINS DIRECTOR	2.00	x						0.	0.	0
(28) TIM WISE	2.00	<u> </u>	<u> </u>	-	├	H		0.	- 0.	
DIRECTOR	2.00	Х						0.	0.	C
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2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10				ŀ		990						
Assat No	Description	Date Acquired	Method	Lıfe		Unadjusted No Cost Or Basis	ed Bus asis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction
	OCCUPANCY, RENT, UTILITIES												
	HP LASER JET	12/31/96	SL	15.00	— П	, '	054.			1,054.	1,054.		0.
	PHONE SYSTEM	12/31/00	SL	5.00	Ä	6 2,6(605.			2,605.	2,605.		0.
	COMPUTER	12/31/00	SL	5.00	16	2,	579.			2,579.	2,579.		0.
	TELEPHONES	12/31/02	SL	5.00	9 1		620.			620.	620.		0.
	OFFICE FURNITURE	12/31/02	SI	5.00	_ 	3,	331.			3,331.	3,331.		0.
	MONITOR	10/01/04	SI	5.00	<u></u>		398.			398.	398.		0.
	COMPUTER	12/31/04	SL	5.00	16	۲,	.660			1,099.	1,099.		0.
	COMPUTER	12/31/05	SL	5.00	_ <u></u> ਜ	6 1,93	924.			1,924.	1,924.		0.
	HP LASER JET	12/31/06	SI	5.00	- 1		357.			357.	357.		0
	HP LASER JET	12/31/06	SL	5.00	16		357.			357.	357.		0.
	CONFERENCE PHONE	12/31/06	SL	5.00	16		610.			610.	610.		0
	HP LASER JET	12/31/07	SL	5.00	9 1		401.			401.	401.		0
	DELL COMPUTER	12/31/08	SL	5.00	16	1,	368.			1,368.	1,368.		0
	DELL MONITORS (4)	12/31/08	SL	5.00	16		847.			847.	677.		170.

357.

357.

610.

401.

847.

940.

376.

564.

1,878,

1,878.

9 T

5.00

12/31/10 SL

DELL LAPTOP

DELL LAPTOP

DELL LAPTOP

228111 05-01-12

1,944.

16

5.00

12/31/10 SL

1,368.

1,054.

2,579.

2,605.

620.

3,331.

398.

1,099.

1,924.

Ending . Accumulated Depreciation

(D) - Asset disposed

1,991.

16

5.00

SI

12/31/11

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

597.

398.

199.

1,991.

972.

389.

583.

1,944.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM	8 99	FORM 990 PAGE 10				 				**	,			2	1	
Asset No	iset lo	Description	Date Acquired	Method	Lıfe	No c >	o Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Accumulated Depreciation	
		DELL COMPUTER	12/31/12	SL	5.00	16	1,207.				1,207.			121.	121.	
		тавьят	12/31/12	SL	5.00	16	593.		,		593,			58.	58.	
		* 990 PAGE 10 TOTAL OCCUPANCY, RENT, UTILITIES				<u> </u>	25,163.				25,163.	18,726.		1,512.	20,238.	
		* GRAND TOTAL 990 PAGE 10 DEPR	,			<u> </u>	25,163.				25,163.	18,726.		1,512.	20,238.	
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228111 05-01-12	1-12						(D) - Asset disposed	pesods		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	alization Deduc	tion, GO Zone	•