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DLN: 93493319099376

# OMB No 1545-0047

Department of the 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public Inspection

A F	or the <b>2015</b>	calendar year, or tax year beginn	ning 01-01-2015 , and ending 12-31-201	5				
B Check if applicable Address change Name change Initial return		e C Name of organization AMERICAN CHEMISTRY COUNCIL			D Employ	er ident	tification number	
		David kurana ara	53-0104410					
		Doing business as						
Fi return	inal /terminated	Number and street (or P O box if 700 2ND ST NE	mail is not delivered to street address) Room/suit	te	E Telephor			
<u> </u>	nended return		ountry, and ZIP or foreign postal code		(202) 2	249-70	000	
Ap	plication pend	WASHINGTON, DC 20002	ountry, and ZIP of foreign postal code		<b>G</b> Gross re	ceipts \$	228,697,386	
		<b>F</b> Name and address of princ	cipal officer	<b>H(a)</b> Is th	∎———— ıs a group ı	return f	or	
		CALVIN M DOOLEY 700 2ND ST NE		subo	rdınates?		☐ Yes 🗸	
		WASHINGTON, DC 20002		No <b>H(b)</b> Are a		iates	□Yes □ No	
I 1a	x-exempt stat	us 501(c)(3) <b>3</b> 501(c)(6)	◀ (insert no )	inclu If "N		a list (	see instructions)	
J W	'ebsite: ► \	VWW AMERICANCHEMISTRY C	O M	H(c) Grou	•		· ·	
<b>K</b> For	m of organizat	on 🗸 Corporation 🗆 Trust 🗀 Asso	ciation Other ►	L Year of fo	rmation 195	0 <b>M</b> S	itate of legal domicile NY	
Pa	rt I Su	mmary						
	<b>1</b> Briefly	describe the organization's missi	<u> </u>	4 DV 0 C 4 CV				
e e	TO DEI	IVER BUSINESS VALUE TO IT	S MEMBERS THROUGH EXCEPTIONAL	ADVOCACY				
anc								
Activities & Governance	2 Check	this box ▶ ☐ if the organization	discontinued its operations or disposed o	f more than 2	25% of its	net ass	ets	
ō 5		•			1			
<b>≫</b> 5 √		-	rning body (Part VI, line 1a) s of the governing body (Part VI, line 1b)		<u> </u>	3	51 51	
vitie			n calendar year 2015 (Part V), line 2a) .		<u> </u>	5	227	
cti		· · ·	necessary)		-	6	51	
Q.			Part VIII, column (C), line 12		[	7a	0	
	<b>b</b> Netunr	elated business taxable income t	from Form 990-T, line 34			7b	(	
				Pric	r Year		Current Year	
Q,		tributions and grants (Part VIII,	·			0	0	
Ravenue			, line 2g)	112,691,495				
Rev		estment income (Part VIII, column (A	2,189,042			3,203,318 1,569,553		
	, , , , , , , , , , , , , , , , , , , ,		. 1 (must equal Part VIII, column (A), line		116,295,491			
	12)					_	117,575,616	
			rt IX, column (A), lines 1-3)		369,5	_	392,000	
		·	t IX, column (A), line 4)	43,450,143			0	
83	5-1		, other compensation, employee benefits (Fure1x, column (17), mes				45,006,936	
Expenses	<b>16a</b> Pro	fessional fundraising fees (Part I	X, column (A), line 11e)			0	0	
ă		fundraising expenses (Part IX, column	` '' '					
		·	), lines 11a-11d, 11f-24e)		73,471,0		75,533,594 120,932,530	
		•	ie 18 from line 12	_	117,290,6 2,995-		-3,356,914	
<u>გ</u>				Beginning o	· · ·		End of Year	
Net Assets or Fund Balances	<b>20</b> Tot	al assets (Part X, line 16)			136,015,2	_	127,895,014	
ABB		al liabilities (Part X, line 26) .			81,087,2	_	79,519,248	
Ne Fun		•	ct line 21 from line 20		54,928,0	_	48,375,766	
		nature Block						
my k	•	d belief, it is true, correct, and co	examined this return, including accompany omplete Declaration of preparer (other the	_			,	
	I II .	****			016-11-14			
Sign /		gnature of officer		Di	ate			
пег		ALVIN M DOOLEY PRESIDENT & CEO  /pe or print name and title						
	17	Print/Type preparer's name		ate Che		PTIN P003692	17	
Paid	d	WILLIAM E TURCO CPA	WILLIAM E TURCO CPA	self	-employed			
	parer	Firm's name ► RSM US LLP Firm's address ► 9737 WASHINGTONL	AN BLVD 400		n's EIN > 42- ne no (301)			
Use	Only	GAITHERSBURG, MD		1	(501)		· <del>-</del>	
Mav	the IRS disc	· · · · · · · · · · · · · · · · · · ·	shown above? (see instructions)					
· ~ ,	uist	and recarn men the property						

	990 (2015)			Page <b>3</b>
Par	t 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	Yes	
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	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			
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	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	
	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	<b>11</b> c		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 2	<b>11</b> d		No
е	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 2	12a		No
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	<b>12</b> b	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</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 "Yes," complete Schedule G, Part II</i>	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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	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		

24d

25a

25b

26

27

28a

28b

28c

29

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32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Nο

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this I		N/			_
		Check if Schedule o contains a response of note to any line in this i	rait	<u>v</u>	• •	Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	354			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	<b>1</b> c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	227			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		ent tax returns?	2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the	year <sup>?</sup>	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	n in S	Schedule O	3b		
4a	over, a	, time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country   Istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank  (1)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10		•	5c 6a		No
b	If"Ye	zation solicit any contributions that were not tax deductible as charitable conti s," did the organization include with every solicitation an express statement th iot tax deductible?	at su	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	<b>7</b> b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	٠.		<b>7</b> c		
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		
g	If the require	organization received a contribution of qualified intellectual property, did the or	rganız • •	ration file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd i	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines:	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	<b>10</b> a				
Ь	Gross facılıtı		10b				
11		on 501(c)(12) organizations. Enter					
		F	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
	year	L	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? <b>N</b> oonal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	<b>13</b> c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . 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 **1**a 51 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 51 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 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 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 . . . . . . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 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

# Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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

- interest policy, and financial statements available to the public during the tax year

  20 State the name, address, and telephone number of the person who possesses the organization's books and records
- ►RAYMOND O'BRYAN 700 2ND ST NE WASHINGTON, DC 20002 (202) 249-7000

Νo

**16**a

16b

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 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
- 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2,1033 1136,	organization and related organizations
See Additional Data Table										
1b Sub-Total	ts to Part VII, S	ection A								
d Total (add lines 1b and 1c) .				se I		•		8,580,768	0	1,687,583

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 J for such individual	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		No

## Section B. Independent Contractors

1 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

compensation from the organization Report compensation for the calendar ye	ar ending with or within the organization	n's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
THE HAMNER INSTITUTES FOR HEALTH SCIENCE	RESEARCH	4,094,481
6 DAVIS DR RESEARCH TRIANGLE PARK, NC 27709		
OGILVY PUBLIC RELATIONS WORLDWIDE	PUBLIC RELATIONS	3,151,141
PO BOX 781983 1 N 5TH ST PHILADELPHIA, PA 191781983		
REVOLUTION MEDIA GROUP	PUBLIC RELATIONS	2,579,853
1020 PRINCESS ST ALEXANDRIA, VA 22314		
ASTM INTERNATIONAL	RESEARCH	1,997,500
100 BARR HARBOR DR WEST CONSHOHOCKEN, PA 192482959		
HILLTOP PUBLIC SOLUTIONS LLC	PUBLIC RELATIONS	1,245,863
3000 K ST NW STE 320 WASHINGTON, DC 20007		
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

Yes

No

Form 99								Page <b>9</b>
Part V	1111	Statement o						_
		Check If Sched	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es <b>1b</b>					
ريا اليان	с	Fundraising eve	ents <b>1c</b>					
ifts. ar A	d	Related organiz	zations 1d					
a iii	e	Government grants	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above					
	g	Noncash contribution	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f					
골	22	MEMBER CHIR DUE	c	Business Code	06.756.257	06 756 257		
Program Service Revenue	2a b	MEMBERSHIP DUE:		900099	86,756,257	86,756,257		
o≛ o±	c	O/H REIMBURSEMI		900099	12,185,186 6,376,747	12,185,186		
<u>S</u>	d	PRODUCT SALES	LIVI	900099	2,791,961	6,376,747 2,791,961		
3g	e	MEETINGS/SEMINA	ARS	900099	2,158,869	2,158,869		
ran	f		am service revenue		2,533,725	2,533,725		
Ď.	_	Tatal Add lines	- 3- 36			, ,		
			s 2a-2f ome (including dividen		112,802,745			
		and other simila	ar amounts)		2,585,898			2,585,898
	4		tment of tax-exempt bond	proceeds >	45,143			45,143
	5	Royalties	(ı) Real	(II) Personal	43,143			43,143
	6a	Gross rents	284,706	(II) I CISOIIII				
	ь	Less rental expenses	0					
	С	Rental income or (loss)	284,706					
	d		me or (loss)		284,706			284,706
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	111,739,190					
	ь	Less cost or other basis and	111,121,770					
		sales expenses Gain or (loss)	617,420					
	c d		(S)		617,420			617,420
venue		Gross income f events (not inc	rom fundraising					
Other Revenue	,	See Part IV, lin	ne 18 a					
ŏ	D C		penses <b>b</b> (loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (	loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		•				
			a					
		_	oods sold . . <b>b</b>   (loss) from sales of inve	ontory				
	_	Miscellaneous		Business Code				
	11a	SPONSORSHI		541800	1,145,987			1,145,987
	b	OTHER INCOM		900099	93,717			93,717
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	1,239,704			
	12	Total revenue.	See Instructions .	· · · · •	117,575,616	112,802,745	0	4,772,871

orm	990 (2015)				Page <b>10</b>
Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	389,500			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,500			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,069,711			
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	29,530,680			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,131,648			
9	Other employee benefits	4,288,341			
10	Payroll taxes	1,986,556			
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,450,662			
c	Accounting	61,000			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	283,680			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,971,896			
12	Advertising and promotion	3,079,434			
13	Office expenses	2,131,179			
14	Information technology	2,482,921			
15	Royalties				
16	Occupancy	6,689,030			
17	Travel	2,014,143			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,945,632			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,167,987			
23	Insurance	329,205			
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)				
а	RESEARCH	8,552,245			
b	PANEL MANAGEMENT EXPENS	6,205,064			
c	PUBLIC POLICY	3,255,246			
d	SUBSCRIPTIONS	817,359			
е	All other expenses	2,096,911			
25	Total functional expenses. Add lines 1 through 24e	120,932,530			
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	Shoot

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in f	this Part X			· · · · <u>· · </u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		9,592,722	2	17,367,637	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			616,927	4	624,435
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L	ficers,	directors,			
	_		,			5	
Assets	6	Loans and other receivables from other disqualified per section 4958 (f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see institution of Schedule L	3 (c)(3) f sectio	(B), and on 501(c)(9)		6	
4S:	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		ŀ		8	
	9	Prepaid expenses and deferred charges		ŀ	978,355	9	2,807,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	29,033,100	270,000		2,001,000
	ь	Less accumulated depreciation	10b	20,378,079	8,621,334	10c	8.655.021
	11	Investments—publicly traded securities			106,006,747	11	89,313,489
	12	Investments—other securities See Part IV, line 11.		ŀ	8,293,333	12	8,054,452
	13	Investments—program-related See Part IV, line 11 .		1	0,200,000	13	0,001,102
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		ŀ	1,905,835	15	1,072,174
	16	Total assets.Add lines 1 through 15 (must equal line 34			136,015,253	16	127,895,014
	17	Accounts payable and accrued expenses			9,178,786	17	9,373,469
	18	Grants payable			-,,	18	-,,
	19	Deferred revenue			58,225,375	19	56,749,456
	20	Tax-exempt bond liabilities			,,	20	
	21	Escrow or custodial account liability Complete Part IV		ŀ		21	
ilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o	, direc	tors, trustees,			
Ϊ́Ω		persons Complete Part II of Schedule L	•			22	
Liab	23	Secured mortgages and notes payable to unrelated thir		l		23	
_	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ated third parties,			
					13,683,066	25	13,396,323
	26	Total liabilities. Add lines 17 through 25			81,087,227	26	79,519,248
ce s		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ▶	<b></b> and complete			
an	27	Unrestricted net assets			54,928,026	27	48,375,766
ឌ	28	Temporarily restricted net assets				28	
ב	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check l	here 🕨 🦵 and			
	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building or equipmen				31	
Net Assets	32	Retained earnings, endowment, accumulated income, or		funds		32	
Net	33	Total net assets or fund balances			54,928,026	33	48,375,766
_	34	Total liabilities and net assets/fund balances			136,015,253	34	127,895,014
		<u> </u>					· · ·

117,575,616

120,932,530

-3,356,914

54,928,026

-3,195,342

48,375,766

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

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2

3

4

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1	Total revenue (must equal Part VIII, column (A), line 12)
2	Total expenses (must equal Part IX, column (A), line 25)
3	Revenue less expenses Subtract line 2 from line 1
4	Net assets or fund balances at beginning of year (must equal Part X,
5	Net unrealized gains (losses) on investments
6	Donated services and use of facilities
7	Investment expenses

Prior period adjustments

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Total expenses (must equal Part IX, column (A), line 25)	
Revenue less expenses Subtract line 2 from line 1	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
Net unrealized gains (losses) on investments	
Donated services and use of facilities	
	Revenue less expenses Subtract line 2 from line 1

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash Accrual Other\_

Both consolidated and separate basis

Both consolidated and separate basis

#### **Additional Data**

10 - 1-

Software ID:

Software Version:

**EIN:** 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
ACC SECURED PA	SSAGE AND ENACTMENT OF TH	IE "CYBERSECURITY INFORMATION S	HARING ACT" (CISA)	
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		GREEN BUILDING COUNCIL (USGBC) T		
· ·		NDARDS, INCLUDING THE CREATION		
		EDIT, INTENDED TO HELP BUILDING F		MEET
REQUIREMENTS R	ELATED TO THE ENVIRONMENT	TAL AND HEALTH IMPACTS OF THEIR	PRODUCTS	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctors	5					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe offi	(C)  In (do not check than one box, erson is both an incer and a stor/trustee)				(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,	and related organizations
PIERRE BRONDEAU	1 00	x		×				0	0	0
CHAIRMAN										
PETER L CELLA VICE-CHAIRMAN	1 00	x		×				0	0	0
RICHARD BEDELL BOARD MEMBER	1 00	×						0	0	0
GEORGE BILTZ BOARD MEMBER	1 00	×						0	0	0
INGA CARUS BOARD MEMBER	1 00	×						0	0	0
TOM CASEY BOARD MEMBER	1 00	×						0	0	C

1 00

1 00

1 00

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MARK C ROHR BOARD MEMBER

**NEIL CHAPMAN** 

BOARD MEMBER

DEAN CORDLE

BOARD MEMBER

STEVE CORNELL BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	penaent Co	ntrac	ctor	5					1	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe offi	han erso cer tor/t	not one n is and trus	not check one box, n is both ar and a crustee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARK COSTA BOARD MEMBER	1 00	×						0	0	0
RANDY DEARTH BOARD MEMBER	1 00	×						0	0	0
PHILIPPE DOLIGEZ BOARD MEMBER	1 00	×						0	0	0
FRED FESTA BOARD MEMBER	1 00	x						0	0	0
WERNER FUHRMANN BOARD MEMBER	1 00	×						0	0	0
MICHAEL J GRAFF BOARD MEMBER	1 00	×						0	0	0

1 00

1 00

1 00

1 00

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ROBERT HANSEN BOARD MEMBER

JOE HARLAN

BOARD MEMBER

TODD KARRAN

BOARD MEMBER

LUKE KISSAM BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	s , .			-, -			
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unles	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANDREAS KRAMVIS BOARD MEMBER	1 00	×						0	0	C
MICHAEL LACEY BOARD MEMBER	1 00	x						0	0	С
JOSE-ALBERTO LIMA BOARD MEMBER	1 00	x						0	0	С
JERRY MACCLEARY BOARD MEMBER	1 00	×						0	0	C
TIM MANN BOARD MEMBER	1 00	×						0	0	C
CRAIG MORRISON BOARD MEMBER	1 00	×						0	0	C
TIMOTHY MULHERE	1 00							_	_	_

1 00

1 00

1 00

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BOARD MEMBER

FERNANDO MUSA

BOARD MEMBER

BOARD MEMBER

ANNE NOONAN BOARD MEMBER

JIM M NICHOLSON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	ntrac	TOF	5				ı	ı	ı
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOHN PANICHELLA BOARD MEMBER	1 00	x						0	0	0
ANTONIS PAPADOURAKIS BOARD MEMBER	1 00	х						0	0	0
CHRISTOPHER D PAPPAS BOARD MEMBER	1 00	x						0	0	0
JOHN J PARO BOARD MEMBER	1 00	x						0	0	C
BHAVESH V BOB PATEL BOARD MEMBER	1 00	×						0	0	0
ROBERT PETERSON BOARD MEMBER	1 00	х						0	0	0
PATRICK PREVOST	1 00	,,								

1 00

1 00

1 00

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BOARD MEMBER

BOARD MEMBER

JOHN ROLANDO

BOARD MEMBER

ED ROSE BOARD MEMBER

CRAIG ROGERSON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

compensated Employees, and Inde	penaent co	1	,	_				I .	1	I
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)		organization and related organizations
RICHARD ROWE BOARD MEMBER	1 00	x						0	0	0
JOSEPH D RUPP BOARD MEMBER	1 00	x						0	0	0
JOE SALLEY BOARD MEMBER	1 00	x						0	0	0
ROB SHAMA BOARD MEMBER	1 00	x						0	0	C
THOMAS L SHEPHERD BOARD MEMBER	1 00	×						0	0	C
WAYNE SMITH BOARD MEMBER	1 00	х						0	0	C
GARY SPITZER	1 00							0	0	0

1 00

1 00

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BOARD MEMBER

**QUINN STEPAN** 

BOARD MEMBER

TOM VERGHESE

BOARD MEMBER

MARK VEGNANO BOARD MEMBER

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

59,992

164,773

124,238

120,592

Compensated Employees, and Inde	pendent Co	ntrac	ctor/	s .			•			
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersor icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MARK VOLMER BOARD MEMBER	1 00	x						0	0	0
CALVIN M DOOLEY PRESIDENT AND CEO	38 00			x				2,853,494	0	453,169
RAYMOND J O'BRYAN CFO, CAO, TREASURER	38 00			х				1,439,856	0	265,813
DELL E PERELMAN GEN COUNSEL, CHIEF OF STAFF, SEC	38 00			x				912,803	0	202,871
STEVEN K RUSSELL VP, PLASTICS	37 00 1 00				x			390,261	. 0	115,154
ROBERT J SIMON JR	37 00			$\prod$	х			364,920	0	118,371

1 00 38 00

38 00

38 00

37 00

1 00

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297,935

788,932

472,505

362,142

VP, CHEMICAL PRODUCTS & TECHNOLOGY

VP, RESPONSIBLE CARE & VALUE CHAIN

NACOLE B HINTON

MANAGING DIR, HR

MICHAEL P WALLS

ANNE W KOLTON

VP, COMMUNICATIONS

DEBRA CM PHILLIPS

VP, REG AND TECH AFFAIRS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title A verage Position (do not check Reportable Reportable hours per more than one box, compensation Estimated

amount of

	week (list any hours for related	unless person is both an officer and a director/trustee)				a	an	from the organization (W- 2/1099-	from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
BRYAN D ZUMWALT	38 00					x		358,627	0	35,923
VP, FEDERAL AFFAIRS						^		338,627	0	33,923
WALTER K MOORE	38 00					х		339,293	0	26,687

VP, FEDERAL AFFAIRS

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

3

# **Political Campaign and Lobbying Activities**

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

Open to Public

Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number AMERICAN CHEMISTRY COUNCIL 53-0104410 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 189,000 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 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes No. Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV 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 149,000 1 2 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 149,000 Did the filing organization file Form 1120-POL for this year? ✓ Yes 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 (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of filing organization's political contributions funds If none, enter received and 0 promptly and directly delivered to a separate political organization If none, enter -0-See Additional Data Table

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2015				P.	age <b>3</b>
	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				.gc <u>-</u>
For o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	(a)		(b)	
roi e activ			No	,	Moun	t
		Yes	<u> </u>			
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?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  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	Other 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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(d	c)(5), c	)r s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(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		-	36,75	5,257
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	<u> </u>		10,050	<del>_</del>
b	Carryover from last year	2b	<u> </u>			4,730
C	Total	2c			19,49	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			14,748	3,564

- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
- political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

- Part IV **Supplemental Information**
- 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, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
·	ACC'S POLITICAL ACTIVITIES CONSIST OF MAKING CORPORATE POLITICAL CAMPAIGN CONTRIBUTIONS TO STATE LEGISLATIVE CANDIDATES FOR THEIR ELECTIONS CAMPAIGNS, AND PARTICIPATING IN PUBLIC REFERENDUM CAMPAIGNS ON ISSUES
	THROUGH ACC FUNDING CAMPAIGN COMMITTEES

4

4,746,166

Software ID: Software Version:

**EIN:** 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

(a)Name	<b>(b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
ALEJO FOR ASSEMBLY 2014	412 SOUTH MAIN ST SALINAS,CA 939013306	364666002	1500	
ATKINS FOR SENATE 2020	330 ENCINITAS BLVD ENCINITAS,CA 92024	472397971	1500	
AUTUMN BURKE FOR ASSEMBLY	921 11TH ST SACRAMENTO,CA 95814	472374250	1500	
BILL BROUGH FOR STATE ASSEMBLY	921 - 11TH ST SACRAMENTO,CA 95814	472392443	1500	
BILL DODD FOR SENATE	5429 MADISON AVE SACRAMENTO,CA 95841	474480858	1500	
BOLLIER FOR STATE REPRESENTATIVE	ATTN LINDA MANCO TREASURER MISSION HILLS, KS 662082769	474895818	500	
BOQUIST LEADERSHIP FUND	17080 BUTLER HILL ROAD DALLAS,OR 97338	204029017	500	
BRAMNICK FOR ASSEMBLY	279 WATCHUNG FORK WESTFIELD,NJ 07090	462704100	500	
BRANDON PHELPS FOR STATE REPRESENTATIVE	PO BOX 401 HARRISBURG,IL 62946	753000080	500	
BRIAN BLAKE COMMITTEE	PO BOX 1541 LONGVIEW, WA 98632	870699800	950	
BURZICHELLI FOR ASSEMBLY	65 TROY AVE GIBBSTOWN, NJ 08027	900039489	750	
CADDY MCKEOWN FOR REPRESENTATIVE	PO BOX 119 COOS BAY, OR 97420	371655095	500	
CALIFORNIA REPUBLICAN PARTY	1121 L ST SACRAMENTO,CA 95814	951144040	1500	
CAPITAL LEADERSHIP PAC	227 WATER STREET AUGUSTA, ME 04330	453192229	250	
CHARBONNEAU CAMPAIGN	2503 SHERWOOD DRIVE VALPARAISO,IN 46385	562667481	1000	
CHARTING MAINES FUTURE	312 RIDGE ROAD LISBON FALLS,ME 04252	453594737	500	
CHRIS HURST COMMITTEE	62504 INDIAN SUMMER WAY E ENUMCLAW,WA 98022	010841227	950	
CITIZENS FOR CHRISTINE RADOGNO	1011 STATE ST LEMONT,IL 60439	364207961	2000	
CITIZENS FOR DURKIN	PO BOX 367 WESTERN SPRINGS,IL 605580367	364002366	2000	
CITIZENS FOR HAMMOND	PO BOX 694 MACOMB,IL 61455	464763917	500	
CITIZENS FOR JOHN CULLERTON	29 S LASALLE STREET CHICAGO,IL 60603	363091417	2000	
CITIZENS FOR LINDA HOLMES	PO BOX 6374 AURORA,IL 60598	462127049	500	
CITIZENS FOR STEVE LITZOW	7683 SE 27TH STREET 431 MERCER ISLAND, WA 98040	262303979	950	
CITIZENS TO ELECT CARL WILSON	560A NE F ST GRANTS PASS, OR 97526	465037382	500	
CLIFF BENTZ FOR STATE REPRESENTATIVE	89 SW THIRD AVE ONTARIO,OR 97914	261875721	500	
COMMITTEE TO ELECT BETHANY HALL- LONG	127 ST AUGUSTINE COURT MIDDLETOWN,DE 19709	510397756	500	
COMMITTEE TO ELECT BETSY JOHNSON	PO BOX R SCAPPOOSE, OR 97056	931281790	500	
COMMITTEE TO ELECT BRIAN BOSMA	9052 NAUTICAL WATCH DRIVE INDIANAPOLIS,IN 46236	300040682	1000	
COMMITTEE TO ELECT DR ALAN BATES	2859 STATE ST MEDFORD,OR 97504	931282264	500	
COMMITTEE TO ELECT GENE WHISNANT	PO BOX 3565 SUNRIVER,OR 97707	455182592	500	

<b>(a)</b> N a m e	<b>(b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
COMMITTEE TO ELECT JEFF MULLIS	212 ENGLISH AVENUE CHICKAMAUGA,GA 30707	912064475	750	
COMMITTEE TO ELECT JOHN E HUFFMAN	PO BOX 104 THE DALLES,OR 97058	260813294	500	
COMMITTEE TO ELECT JOYCE WOODHOUSE	246 GARFIELD AVE HENDERSON,NV 89074	205643697	500	
COMMITTEE TO ELECT LINDA EVANS PARLETTE SENATOR	PO BOX 2151 WENATCHEE, WA 98807	911715910	950	
COMMITTEE TO ELECT MARY DYE	1325 BELL PLAIN RD POMEROY, WA 99347	474064112	950	
COMMITTEE TO ELECT MATT SHEA	PO BOX 142180 SPOKANE VALLEY, WA 99214	320243896	950	
COMMITTEE TO RE ELECT AG BUDDY CALDWELL	PO BOX 4154 BATON ROUGE, LA 70821	208516934	1000	
COMMITTEE TO RE-ELECT CURTIS KING	PO BOX 10025 YAKIMA, WA 98909	208314962	950	
COMMITTEE TO RE-ELECT /INCENT R PRIETO	ATTN JOSEPH M MUNIZ NORTH BERGEN,NJ 07047	271766120	1000	
DAVID HADLEY FOR ASSEMBLY	976 PACIFIC AVE WILLOWS,CA 95988	463433922	1500	
DEAN TAKKO FOR STATE SENATE	PO BOX 1025 LONGVIEW, WA 98632	463650283	950	
DEFRANCISCO RE-ELECTION COMMITTEE	PO BOX 7122 ALBANY,NY 12224	141768216	1500	
DENNIS HEDKE FOR STATE REPRESENTATIVE	ATTN AMY L VASQUEZ ANDOVER,KS 67002	514560345	500	
DON HINEMAN KANSAS HOUSE CAMPAIGN FUND	116 S LONGHORN ROAD DIGHTON,KS 67839	475617029	500	
ED HERNANDEZ FOR LEUTENANT GOVERNOR	20 GALLI DR NOVATO,CA 94949	472675537	1500	
ELECTION FUND OF ANNETTE QUIJANO	311 W HENRY STREET LINDEN,NJ 07036	263512224	500	
ELECTION FUND OF JIM BEACH FOR SENATE	2240 ROUTE 70 WEST CHERRY HILL,NJ 08002	263994891	500	
ELECTION FUND OF JOHN S WISNIEWSKI	17 MAIN STREET SAYREVILLE,NJ 08872	223497392	750	
ELECTION FUND OF LOUIS GREENWALD FOR ASSEMBLY	2240-15 RT 70 CHERRY HILL,NJ 08002	223565484	1000	
ELECTION FUND OF PAMELA R LAMPITT FOR ASSEMBLY	2240-15 RT 70 CHERRY HILL,NJ 08002	061751364	500	
ELECTION FUND OF SENATOR PAUL SARLO	9 LINCOLN AVENUE RUTHERFORD,NJ 07070	030470225	1000	
EMPOWERING MAINE LEADERSHIP PAC	110 SEWALL STREET AUGUSTA,ME 04330	271125479	250	
FRIENDS FOR DEBRA HEFFERNAN	12 LORE AVENUE WILMINGTON, DE 19809	272120159	500	
FRIENDS FOR DON BENTON	PO BOX 5076 VANCOUVER, WA 98668	510645142	950	
RIENDS FOR STEPHEN	PO BOX 530364 HENDERSON,NV 89053	454831932	500	
FRIENDS FOR TERI HICKEL	PO BOX 1034 MILTON, WA 98354	473435955	950	
FRIENDS OF ANN RIVERS	PO BOX 957 LA CENTER, WA 98629	271512372	950	
Friends of Arnie Roblan	PO BOX 1410 COOS BAY,OR 97420	200491859	500	
FRIENDS OF BARBARA BAILEY	PO BOX 374 OAK HARBOR, WA 98277	020556800	950	
FRIENDS OF BOB OAKS	PO BOX 75 LYONS,NY 14489	912070802	250	

<b>(a)</b> N ame	<b>(b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
FRIENDS OF BRIAN KOLB	PO BOX 835 CANANDAIGUA, NY 14424	161592338	750	
FRIENDS OF CHUCK THOMSEN	1595 EASTSIDE ROAD HOOD RIVER, OR 97031	800544692	500	
FRIENDS OF DAN BENSON	81 HEMPSTEAD ROAD HAMILTON,NJ 08610	262299066	1000	
FRIENDS OF FRANK BIGELOW FOR ASSEMBLY	921 - 11TH ST SACRAMENTO,CA 95814	472467029	1500	
FRIENDS OF HANS ZEIGER	PO BOX 73303 PUYALLUP,WA 98373	278342564	950	
FRIENDS OF JAN JONES	12850 HIGHWAY 9 ALPHARETTA, GA 30004	383910801	500	
FRIENDS OF JIMMY GOMEZ FOR ASSEMBLY	3605 LONG BEACH BLVD LONG BEACH, CA 90807	274157514	1500	
Friends of Lee Beyer	951 S STREET SPRINGFIELD, OR 97477	271380093	500	
FRIENDS OF LYNN SMITH	8 EVERGREEN DRIVE NEWNAN,GA 30263	452138330	750	
FRIENDS OF MICHAEL J MADIGAN	PO BOX 3188 CHICAGO,IL 60654	363418024	2000	
FRIENDS OF MIKE FORTNER	ATTN GARY R SAAKE WINFIELD, IL 60190	753223281	500	
FRIENDS OF NICOLE POORE	315 WHEATSHEAF DR NEW CASTLE, DE 19720	455310757	500	
FRIENDS OF RICH FUNKE	POBOX 7	465039598	500	
FRIENDS OF STEVE O'BAN	P O BOX 65335 UNIVERSITY PLACE, WA 98464	271992105	950	
FRIENDS OF SUE REZIN	PO BOX 932 MORRIS,IL 60450	274592726	500	
FRIENDS OF TATE REEVES	PO BOX 24355 JACKSON, MS 39225	200790765	1000	
FRIENDS OF TED FERRIOLI	111 SKYLINE DRIVE JOHN DAY, OR 97845	931283154	500	
FRIENDS OF TOM O'MARA	PO BOX 521	201025498	1000	
FRIENDS TO ELECT RANDI BECKER	ELMIRA,NY 14902 44106 14TH AVE E EATONVILLE,WA 98328	770708976	950	
FRIENDS TO RE-ELECT HEWITT	177 ELECTRIC AVE WALLA WALLA, WA 99362	331084713	950	
GIPSON FOR ASSEMBLY	921 11TH ST SACRAMENTO,CA 95814	472269158	1500	
GRAY FOR ASSEMBLY	1020 12TH STREET SACRAMENTO,CA 95814	461824826	1500	
GREG BARRETO FOR NE OREGON HD 58	62819 LOWER COVE RD COVE,OR 97824	464265986	500	
HENRY T PEREA FOR ASSEMBLY	ATTN CALIFORNIA POLITICAL LAW INC LONG BEACH, CA 90807	462084753	1500	
HERSHMAN FOR SENATE	ATTN SENATE MAJORITY CAMPAIGN COMMI INDIANAPOLIS,IN 46206	263741462	1000	
HERTZBERG FOR SENATE	1787 TRIBUTE RD SACRAMENTO,CA 95815	472258201	1500	
IAN CALDERON FOR ASSEMBLY	777 S FIGUEROA ST LOS ANGELES, CA 90017	472442394	1500	
JACQUI IRWIN FOR ASSEMBLY	400 CAPITOL MALL SACRAMENTO,CA 95814	473043479	1500	
JIM COOPER FOR ASSEMBLY	921 11TH ST SACRAMENTO,CA 95814	472258181	1500	
JIM FRAZIER FOR ASSEMBLY	921 11TH STREET SACRAMENTO,CA 95814	462243031	1500	

<b>(a)</b> Name	( <b>b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
JIM WOOD FOR ASSEMBLY 2016	1787 TRIBUTE ROAD SACRAMENTO,CA 95815	472258351	1500	
JOHN BRAUN FOR STATE SENATE	1955 SALZOR VALLEY RD CANTRALIA, WA 98531	455101339	950	
JON BURNS FOR HOUSE	PO BOX 1000 SPRINGFIELD, GA 31329	201283529	500	
KAHRS FOR KANSAS	PO BOX 597 WICHITA,KS 67202	475411988	250	
KEN COOLEY FOR ASSEMBLY	1414 K STREET STE 220 SACRAMENTO,CA 95814	461414704	1500	
KIRK PEARSON FOR STATE SENATE	105 PEARSON LN MOUROC,WA 98272	912068453	950	
L GRACE SPENCER OF ASSEMBLY	PO BOX 3905 NEWARK,NJ 07103	208628229	1000	
LEADERSHIP FOR MAINE'S FUTURE PAC	PO BOX 476 NEWPORT,ME 049530476	010536382	500	
LEADING TO A BALANCED MAINE PAC	323 FAIRBANKS ROAD FARMINGTON,ME 04938	455369236	2750	
LIZ PIKE COMMITTEE	PO BOX 662 CAMAS,WA 98607	454280048	950	
LOPEZ FOR SENATE	PO BOX 354 NASSAU, DE 19969	454206417	500	
MAIENSCHEIN FOR ASSEMBLY	7918 EL CAJON BLVD LA MESA,CA 91942	472680850	1500	
MAINE HOUSE DEMOCRATIC CAMPAIGN COMMITTEE	PO BOX 2021 AUGUSTA, ME 04338	222695883	250	
MAINE HOUSE REPUBLICAN MAJORITY FUND	PO BOX 5629 AUGUSTA,ME 04332	274312959	500	
MAINE SENATE REPUBLICAN MAJORITY	PO BOX 1 AUGUSTA,ME 04332	263733192	1000	
MATT DABABNEH FOR ASSEMBLY	777 SOUTH FIGUEROA ST LOS ANGELES,CA 90017	472937537	1500	
MIDWEST ENTERPRISE GROUP	PO BOX 1632 DES MOINES,IA 50305	260697178	2500	
MIKE NOZZOLIO FOR STATE SENATE	8 EAST BAYARD STREET SENECA FALLS,NY 13148	133875449	1000	
MIKE PADDEN FOR SENATE	13021 E 9TH AVE SPOKANE, WA 99216	275568154	950	
MONTY MASON FOR DELEGATE	PO BOX 232 WILLIAMSBURG, VA 23185	461362073	500	
MORIARTY FOR ASSEMBLY	PO BOX 1368 BLACKWOOD, NJ 080121368	204567680	350	
NEVADANS TO ELECT ELLIOT ANDERSON FOR ASSEMBLY	438 E SAHARA AVE LAS VEGAS,NV 89104	270802486	500	
NYS SENATE REPUBLICAN CAMPAIGN COMMITTEE	HOUSEKEEPING ACCOUNT ALBANY,NY 12224	141743654	21500	
PAT MCGUIRE FOR SENATE	1210 GLENWOOD JOLIET,IL 60435	455002344	500	
PATTERSON FOR ASSEMBLY	504 VAN NESS AVE FRESNO,CA 93721	462035274	1500	
RALSTON FOR HOUSE	PO BOX 1196 BLUE RIDGE,GA 30513	272894066	750	
REPUBLICAN ASSEMBLY CAMPAIGN COMMITTEE	315 STATE STREET ALBANY,NY 12210	141713936	3000	
RESPECT MAINE PAC	PO BOX 211 HAMPDEN,ME 04444	272487987	1000	
ROBIN TITUS FOR AD 38	PO BOX 377 WELLINGTON, NV 89444	471544216	500	
RUDY SALAS FOR ASSEMBLY	1200 S CHESTER AVENUE BAKERSFIELD, CA 93304	300846593	1500	

<b>(a)</b> Name	<b>(b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
SAM OLENS FOR ATTORNEY GENERAL INC	757 FRANKLIN RD MARIETTA,GA 30067	465454749	1000	
SCHAER FOR ASSEMBLY	511 PASSAIC AVE PASSAIC,NJ 07055	203977878	500	
SCOTT RUMANA ORGANIZATION ASSEMBLY	PO BOX 1441 WAYNE,NJ 074701441	453740884	500	
SENATE COMMITTEE FOR MARK SCHOESLER	1588 E ROSENOFF ROAD RITZVILLE,WA 99169	043779321	950	
SENATE DEMOCRATIC CAMPAIGN COMMITTEE	PO BOX 2207 AUGUSTA,ME 04338	010478979	250	
SENATE REPUBLICAN PRESIDENTS FUND	PO BOX 1 AUGUSTA,ME 04332	472434848	500	
SHELLY SHORT COMMITTEE	PO BOX 37 ADDY,WA 99101	680674661	950	
THE COMMITTEE TO ELECT TERRY ENGLAND	1060 OLD HOG MOUNTAIN ROAD AUBURN,GA 30011	273090677	500	
THE ELECTION FUND OF DAWN ADDIEGO	223 HIGH STREET MT HOLLY,NJ 08060	210745693	500	
TIM KNOPP FOR STATE SENATE	PO BOX 6145 BEND,OR 97708	454698187	1000	
TOM DALY FOR ASSEMBLY 2016	C/O CALIFORNIA POLITICAL LAW INC LONG BEACH, CA 90807	271941471	1500	
TONY MENDOZA FOR SENATE	1127 11TH STREET SACRAMENTO,CA 95814	263145549	1500	
VOTE MARGO MCDERMED FOR IL HOUSE	20821 BRIARWOOD LN MOKENA,IL 60448	463860435	500	
WAGNER FOR SENATE	PO BOX 68008 VIRGINIA BEACH,VA 23471	473764727	1000	
WALDRON FOR ASSEMBLY	7185 NAVAJO ROAD SAN DIEGO,CA 92119	472742725	1500	
WILK FOR ASSEMBLY	7185 NAVAJO RD SAN DIEGO,CA 92119	472555836	1500	

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**SCHEDULE D** 

# Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493319099376

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

**Employer identification number** Name of the organization AMERICAN CHEMISTRY COUNCIL 53-0104410 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(B)(I) and section 170(h)(4)(B)(II)?

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X Cat No 52283D

☐ No

Sche	dule D	(Form 990) 2015							Page <b>2</b>
Par	1111	<b>Organizations Maintaining</b> (continued)	Collections of A	Art, His	storical	Treasures,	or Otl	her Similar A	ssets
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	cords, ch	nec <b>k any</b> c	of the following	that are	e a significant us	e of its
а	F	Public exhibition		d	☐ Lo	an or exchange	e progra	ıms	
b	Г	Scholarly research		e	┌ ot	her			
c		reservation for future generations							
4	•	de a description of the organization's	s collections and ex	plain ho	w they furt	her the organi	zation's	exempt purpose	ın
5	During	g the year, did the organization solic to be sold to raise funds rather the						sımılar <b>Ye</b> :	s
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.					•	<u> </u>
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other inter	rmediary	for contri	butions or othe	erasset	rs not	s No
b	If"	Yes," explain the arrangement in Pa	art XIII and complet	te the fol	llowing tab	ole		Am	ount
c		inning balance	·		,		1c		
d	A do	litions during the year					1d		
е	Dis	tributions during the year					1e		
f	End	ing balance					<b>1</b> f		
<b>2</b> a	Dıd th	e organization include an amount o	n Form 990, Part X,	lıne 21,	for escrov	v or custodial a	account	liability?   Yes	s
b		s," explain the arrangement in Part							
Ра	rt V	Endowment Funds. Comple	(a)Current year		or year	b (c)Two years		Three years back	(e)Four years back
1a	Begin	ning of year balance	(a)carrent year	(5).	ior year	b (c) wo years	Duck (C	2)Timee years back	(C) our years back
b	_	ibutions							
c									
d		s or scholarships							
e		expenditures for facilities rograms							
f	A dmu	nistrative expenses							
g		f year balance							
2	Provid	le the estimated percentage of the	current year end bal	ance (lır	ne 1g, colu	ımn (a)) held a	S		
а	Board	designated or quasi-endowment <b>&gt;</b>							
b	Perma	nent endowment ▶							
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%						
3а		ere endowment funds not in the pos	session of the orga	nızatıon	that are h	eld and admını	stered f	or the	Var. Na
	_	zation by related organizations						3a	Yes No
		lated organizations							(ii)
b	If"Ye	s" on 3a(II), are the related organiza	ations listed as requ	ured on s	Schedule I	R?		3	Sb
4		ibe in Part XIII the intended uses o		endowm	ent funds				
Pal	t VI	Land, Buildings, and Equip Complete if the organization a		Form 9	90, Part	IV, line 11a.	See Fo	rm 990, Part X	, line 10.
		Description of property			(a) ost or other l (investmen	basis Cost or ot	) her basıs	Accumulated	(d)Book value
<b>1</b> a	Land								
b	Building	•							
r	 Leaseh	old improvements		-			9,712,878	3,358,15	6,354,723
	Equipm	•					5,694,070		
	Other		· · ·				,	3,.22,00	152,.20
T-4:				r+ V 1	mn (D) 1:		2,626,152	11,287,27	72 1,338,880 8 655 021
1012	1. AOO !	wes raturougn te monumpiatmus	a Poulai Form 990 Dai		iiiii (Bi III)	e imcii			x 655 071

	See Form 990, Part X, line 12.			on Form 990, Part IV, line 11b
	(a) Description of security or catego (including name of security)	ry	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
	I derivatives held equity interests			
<b>(3)</b> O ther	BLACKROCK S&P 500 INDEX FUND		8,054,452	F
			, ,	
	nn (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.	•	8,054,452	
rait VIII	Complete if the organization answere	ed 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
		+		
Tabal (Calam	(h)	<b>•</b>		
	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organization		Form 990, Part IV, line 11	d See Form 990, Part X, line 15
		scription		(b) Book value
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) lin	e 15 )		
	Other Liabilities. Complete if the or	•		
		•	d 'Yes' on Form 990, Pa	<u> </u>
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	ganization answere	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Inco	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere	d 'Yes' on Form 990, Pa	<u> </u>
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	<u> </u>
Part X  1.  Federal Inco	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	<u> </u>
Part X  1.  Federal Income	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	ganization answere  (b) Book value	d 'Yes' on Form 990, Pa	<u> </u>
Part X  1.  Federal Inco DEFERRED  Total. (Column	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  ome taxes	(b) Book value	323 323	rt IV, line 11e or 11f.

che	dule D (Form 990) 2015		Page <b>4</b>
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	108,188,162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -3,195,342		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-2,359,243
3	Subtract line <b>2e</b> from line <b>1</b>	3	110,547,405
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 283,680		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	7,028,211
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	117,575,616
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	r Return.
1	Total expenses and losses per audited financial statements	1	114,416,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-5,716,808
3	Subtract line <b>2e</b> from line <b>1</b>	3	120,133,585
4	Amounts 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 283,680		
		1	
b	Other (Describe in Part XIII ) 4b 515,265		
b c	Other (Describe in Part XIII )	<b>4</b> c	798,945

#### Part XIII Supplemental Information

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 ınformatıon

Return Reference	Explanation
PART X, LINE 2	ACC, FCRI AND AMERICHEM PAC ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTIONS 501(C)(6), 501(C)(3) AND 527 OF THE INTERNAL REVENUE CODE, RESPECTIVELY IN ADDITION, FCRI QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES THERE WAS NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2015 THE COUNCIL FOLLOWS THE ACCOUNTING STANDARD ON A CCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE COUNCIL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT HAS EVALUATED THE
	COUNCIL'S TAX POSITIONS AND HAS CONCLUDED THAT THE COUNCIL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE GENERALLY, THE COUNCIL IS NO LONGER SUBJECT TO U S FEDERAL, STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation
•	CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE 6,229,266 SEPARATE PROGRAMS INCLUDED IN LINE 2, PART VIII, PG 10 515,265
·	AFFILIATE EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 512,458 CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE -6,229,266
PART XII, LINE 4B - OTHER ADJUSTMENTS	SEPARATE PROGRAMS INCLUDED IN LINE 2, PART VIII, PG 10 515,265

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NO	As Filed Dat	:a -	DLN:	DLN: 93493319099376		
SCHEDULE F (Form 990)	atement of	Activities C	OMB No 1545-0047			
(* 51.11. 555)	► Complete		n answered "Yes" to Form <sup>.</sup> .4b, 15, or 16.	990,	2015	
			Form 990.			
Department of the Treasury Internal Revenue Service  ▶ Informa	ation about Schedu	ıle F (Form 990) aı	nd its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection	
Name of the organization AMERICAN CHEMISTRY COUNCIL				Employer ider	ntification number	
	-			53-0104410		
Part I General Informati				1.4h		
1 For grantmakers. Does the			orm 990, Part IV, line			
and other assistance, the g	_			_		
used to award the grants o	_	, -	,		☐ Yes ☐ No	
2 For grantmakers. Describe assistance outside the Unit		rganızatıon's pr	ocedures for monitori	ng the use of its gra	nts and other	
3 Activites per Region (The follo	owing Part I, line	3 table can be du	iplicated if additional spa	ice is needed )		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region		
(1) See Add'l Data			,			
(2)						
(3)						
(4)						
(5)						
<b>3a</b> Sub-total	0				557,670	
b Total from continuation sheets to Part I	0	0			0	
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, se	0	0		No 50082W <b>Sche</b>	557,670 dule F (Form 990) 2015	

Schedule F (Form 990) 2015

organization	and EIN (if applicable)	grant 	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
( 2)							
( 3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 

Schedule F (Form 990) 2015

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
( 5)							
(6)							

(2)				
(3)				
(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
(42)				

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
( 11)				
( 12)				
( 13)				
( 14)				
( 15)				
( 16)				
( 17)				
( 18)				
			Schedu	lle F (Form 990) 2015

(9)				
( 10)				
(11)				
( 12)				
( 13)				
( 14)				
( 15)				
( 16)				,
( 17)				
( 18)				
			Schedu	ıle F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

#### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Schedule F (Form 990) 2015

Page **5** 

#### Part V S

#### Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F	orm 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region						
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ADVOCACY/ADMIN SUPP	15,000						
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ADVOCACY/ADMIN SUPP	362,390						
EUROPE (INCLUDING	0	0	PROGRAM SERVICES	ADVOCACY/ADMIN	71,390						

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities offices in the employees or conducted in region (by is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) MIDDLE EAST AND PROGRAM SERVICES ADVOCACY/ADMIN 38,500 SUPP NORTH AFRICA NORTH AMERICA PROGRAM SERVICES ladvocacy/admin 15.390 ISUPP SOUTH AMERICA PROGRAM SERVICES ADVOCACY/ADMIN 55,000

SUPP

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Schedule I
(Form 990)

Grants and Ot
Governments a

Complete if the organizat

Department of the
Treasury
Internal Revenue Service

Name of the organization

AMERICAN CHEMISTRY COUNCIL

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493319099376

Open to Public Inspection

Employer identification number

AMERICAN CHEMISTRY COUNCIL							53-0104410	
Part I General Informat	ion on Grants an	d Assistance				<u> </u>		
<ul> <li>Does the organization maintain the selection criteria used to</li> <li>Describe in Part IV the organ</li> <li>Part II Grants and Other Assist that received more than</li> </ul>	award the grants or a ization's procedures : stance to Domestic O	ssistance? for monitoring the use	of grant funds in the Ur	nited States		orm 990, Part IV, line 2:	✓ Yes No	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount 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	
See Additional Data Table								
<ul><li>Enter total number of section</li><li>Enter total number of other or</li></ul>	. , . ,	-				_	3_	
For Paperwork Reduction Act Notice s				Cat No. 50055P			le I (Form 990) 2015	

#### **Additional Data**

or government

Software ID: Software Version:

**EIN:** 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization organization (b) EIN (c) IRC section organization (d) Amount of cash organization (book, FMV, appraisal, non-cash assistance)

or government				assistants		
FOUNDATION FOR CHEMISTRY RESEARCH AND INITIATIVES 700 SECOND STREET NE WASHINGTON, DC 20002	52-1945222	501(C)(3)	364,500			RESEARCH SUPPORT
MARCH OF DIMES FOUNDATION 2120 WASHINGTON BOULEVARD SUITE 425 425 ARLINGTON,VA 22204	13-1846366	501(C)(3)	15,000			CONTRIBUTION
PREVENT CANCER FOUNDATION 1600 DUKE STREET SUITE 500 ALEXANDRIA,VA 22314	52-1429544	501(C)(3)	10,000			CONTRIBUTION

assistance

other)

(h) Purpose of grant

or assistance

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DLN: 93493319099376

OMB No 1545-0047

2015

Schedule J (Form 990)

Department of the

Internal Revenue Service

**Compensation Information** 

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization RICAN CHEMISTRY COUNCIL			imployer identification	on nur	nber	
Airii	MEAN CHEMISTRY COONCIL		5	3-0104410			
Pa	rt I Questions Regarding Compensation	n	•				
				_		Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II						
	▼ First-class or charter travel		Housing allowance or residence for p	personal use			
	▼ Travel for companions		Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretionary spending account	<b>✓</b>	Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses d	_	, , , , ,	, i	1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe				2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply	Do not check any boxes for methods	s			
	✓ Compensation committee		Written employment contract				
	✓ Independent compensation consultant	<b>√</b>	Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensat	tion committee			
4	During the year, did any person listed on Form 990 or a related organization	, Part VII	, Section A , line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-contro	l payment	.7		<b>4</b> a	Yes	
b	Participate in, or receive payment from, a suppleme	ental nond	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-l	pased con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the	e applicable amounts for each item in	Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III				5b		
6	For persons listed on Form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue a	ny			
а	The organization?				<b>6</b> a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			-fixed	7		
В	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in		•				
	in Part III	ın Kegulat	10115 SECTION 33 4338-4(d)(3)/ 11 "Y	es, describe	8		
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	ible presumption procedure described	d in Regulations	9		

Selledales (Form 550) 2015					r age 🕳				
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·					
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (I) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

	<u>-</u>							
Part III Supplemental Information								
Provide the information, explanation	n, 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							
Return Reference	Explanation							
PART I, LINE 1A	CALVIN DOOLEY RECEIVED COMPANION TRAVEL IN THE AMOUNT OF \$9,265 THAT WAS TREATED AS TAXABLE INCOME CALVIN DOOLEY RECEIVED PERSONAL SERVICE IN THE AMOUNT OF \$34,955 THAT WAS TREATED AS NON-TAXABLE INCOME							
PART I, LINES 4A-B	WALTER K MOORE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$200,903 FOLLOWING ARE THE EMPLOYEE DEFERRALS INTO THE SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN - 457(F) CALVIN M DOOLEY - \$378,723 RAYMOND J O'BRYAN - \$180,504 DELL							

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - 457(F) CALVIN M DOOLEY - \$378,723 RAYMOND J O'BRYAN - \$180,504 DELL
PERELMAN - \$122,725 MICHAEL P WALLS - \$87,127 ANNE W KOLTON - \$50,000 STEVEN K RUSSELL - \$50,000 DEBRA C M PHILLIPS \$50,000 ROBERT J SIMON, JR - \$50,000 FOLLOWING ARE THE DISBURSEMENTS FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT
PLAN - 457(F) CALVIN M DOOLEY - \$125,377 RAYMOND J O'BRYAN - \$937,636 DELL PERELMAN - \$383,413 MICHAEL P WALLS - \$294,653

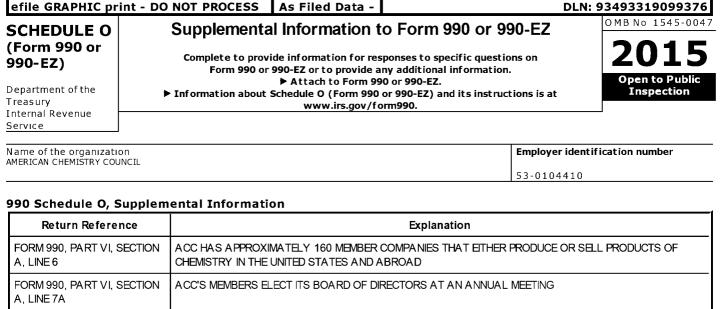
# Software ID: Software Version:

**EIN:** 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		Г
(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1CALVIN M DOOLEY PRESIDENT AND CEO	(1)	1,690,261	1,016,392	146,841	428,523	40,390	3,322,407	125,377
TRESIDENT FAIR GEG	(11)	0	0	0	0			0
1RAYMOND J O'BRYAN CFO, CAO, TREASURER	(1)	402,100	94,250	943,506	233,504	39,715	1,713,075	937,636
o. o, o.o, bone.	(11)	0	0	0	0			0
2DELL E PERELMAN GEN COUNSEL, CHIEF OF	(1)	401,434	122,500	388,869	175,725	32,558	1,121,086	383,413
STAFE SEC	(11)	0	0	0	0			0
3STEVEN K RUSSELL VP, PLASTICS	(1)	309,993	78,750	1,518	89,508	30,075	509,844	0
.,,.	(11)	0	0	0	0	- - 0	- 0	0
4ROBERT J SIMON JR VP, CHEMICAL PRODUCTS &	(1)	289,949	74,000	971	88,062	34,676	487,658	0
TECHNOLOGY	(11)	0	0	0	0			0
5NACOLE B HINTON MANAGING DIR, HR	(1)	246,891	50,500	544	34,030	30,102	362,067	0
	(11)	0	0	0	0	 0		0
6MICHAEL P WALLS VP, REG AND TECH AFFAIRS	(1)	362,941	128,500	297,491	140,127	29,207	958,266	294,653
	(11)	0	0	0	0	-		0
<b>7</b> ANNE W KOLTON VP, COMMUNICATIONS	(1)	361,437	110,000	1,068	94,479	34,319	601,303	0
	(11)	0	0	0	0	-	- 0	0
8DEBRA CM PHILLIPS VP, RESPONSIBLE CARE &	(1)	272,521	89,000	621	88,333	41,571	492,046	0
VALUE CHAIN	(11)	0	0	0	0	-	- 0	0
9BRYAN D ZUMWALT VP, FEDERAL AFFAIRS	(1)	257,693	100,500	434	35,923	3,361	397,911	0
	(11)	0	0	0	0		- 0	0
10WALTER K MOORE VP, FEDERAL AFFAIRS	(1)	137,385	0	201,908	16,690	11,309	367,292	0
	(11)	0	0	0	0	0	- 0	0



 Return Reference
 Explanation

 FORM 990, PART VI,
 BY LAW AMENDMENTS THAT SUBSTANTIALLY CHANGE ANY EXISTING BY LAW PROVISIONS MUST BE

APPROVED BY TWO-THIRDS OF THE MEMBERS PRESENT AT AN ANNUAL OR SPECIALLY CALLED MEETING.

990 Schedule O, Supplemental Information

SECTION A. LINE 7B

FORM 990, PART VI,
SECTION B, LINE 11

IN ACCORDANCE WITH THE COUNCIL'S BOARD APPROVED RESOLUTION THE 2015 IRS FORM 990 WAS REVI
EWED BY THE ACC BOARD FINANCE, AUDIT AND MEMBERSHIP COMMITTEE THE BOARD FINANCE, AUDIT A
ND MEMBERSHIP COMMITTEE WAS PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW NO LESS
THAN 4 DAYS PRIOR TO THE FILING DEADLINE AND ANY COMMENTS WERE RESOLVED TO EFFECT A TIMEL
Y FILING OF THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, AND EMPLOYEE OF ACC IS TO ANNUALLY SUBMIT A DISCLOSURE STATEMENT, PROVIDED BY ACC LISTING ALL ORGANIZATIONS WITH WHICH HE OR SHE IS "AFFILIATED" (AS DEFINED IN THE CONFLICT OF-INTEREST POLICY) DESCRIBING THE NATURE OF THE AFFILIATION, AND INDICATING WHETHER HE OR SHE HAS OR MAY HAVE A CONFLICT-OF-INTEREST INVOLVING ANY ACC FINANCIAL TRANSACTION IN THE EVENT THERE IS A CHANGE IN THE INFORMATION IN THE DISCLOSURE STATEMENT, THE PERSON SUBMITTING IT IS TO PROMPTLY SUBMIT WRITTEN NOTIFICATION OF THE CHANGE THE CHAIRMAN OF THE BOARD AND THE PRESIDENT AND CEO SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY ALL DISCLOSURES REQUIRED UNDER THIS POLICY SHALL BE PROVIDED TO THE ACC PRESIDENT AND CEO ISSUES ARISING UNDER THIS POLICY WILL BE REFERRED INITIALLY TO THE PRESIDENT AND CEO INFORMATION DISCLOSED UNDER THIS POLICY WILL BE HELD IN CONFIDENCE BY THE CHAIRMAN OF THE BOARD AND THE PRESIDENT AND CEO AND BY THOSE PERSONS THEY AUTHORIZE TO RECEIVE IT WHERE THE BEST INTERESTS OF THE ASSOCIATION REQUIRES FURTHER DISCLOSURE. THIS REVIEW PROCESS WILL BE REPORTED ANNUALLY TO THE BOARD BY THE CHAIRMAN A DIRECTOR WHO HAS DECLARED OR HAS BEEN FOUND TO HAVE A CONFLICT-OF-INTEREST IN ANY PROPOSED TRANSACTION OR OTHER MATTER IS TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION OR OTHER MATTER IS TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION OR OTHER MATTER INCLUDING NOT VOTING ON THE MATTER IN QUESTION, AND IF SO REQUESTED BY THE CHAIRMAN OR ANY OTHER DIRECTOR NOT BEING PRESENT AT THE TIME OF THE VOTE WITH RESPECT TO RESTRAINT ON PARTICIPATION BY EMPLOYEES THE PRESIDENT AND CEO IS TO TAKE SUCH ACTION AS IS NECESSARY TO ENSURE THAT THE TRANSACTION OR OTHER MATTER IS COMPLETED IN THE BEST INTERESTS OF ACC WITHOUT THE INVOLVEMENT OF THE PERSON WHO HAS THE CONFLICT-OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE ACC COMPENSATION COMMITTEE IS COMPRISED OF THE ACC OFFICERS THE COMPENSATION COMMITTE E REVIEWS THE PERFORMANCE AND SETS THE ANNUAL COMPENSATION OF THE ACC PRESIDENT AND CEO PU RSUANT TO AGREED UPON CONTRACTUAL TERMS THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPRO VES THE ANNUAL COMPENSATION AS RECOMMENDED BY THE PRESIDENT AND CEO FOR COVERED INDIVIDUAL S COVERED INDIVIDUALS CONSIST OF CHIEF EMPLOYED EXECUTIVES, OFFICERS, VICE PRESIDENTS AND MANAGING DIRECTORS AS APPOINTED TO THE SENIOR STAFF TEAM BY THE PRESIDENT AND CEO IN 201 4, THE COMPENSATION COMMITTEE REVIEWED PERFORMANCE, AWARDED THE BONUS, AND APPROVED THE 20 15 BASE COMPENSATION FOR THE PRESIDENT AND CEO FOR THE REMAINING COVERED INDIVIDUALS, THE PRESIDENT AND CEO RECOMMENDED BONUSES AND 2015 BASE SALARIES TO THE COMPENSATION COMMITTE E USING A COMPREHENSIVE BENCHMARK STUDY THAT IS PERFORMED ON AN ANNUAL BASIS THE RECOMMEN DATIONS OF THE PRESIDENT AND CEO WERE THEN APPROVED BY THE COMPENSATION COMMITTEE AT ITS N OVEMBER 2014 MEETING

Return Reference Explanation

FORM 990. PART VI.

THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR

990 Schedule O, Supplemental Information

SECTION C, LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, EXCEPT TO THE EXTENT REQUIRED BY LAW
FORM 990, PART IX, LINE	CONSULTING 29,863,646 AGENCY TEMPS 74,206 OTHER PROFESSIONAL FEES 34,044

990 Schedule O, Supplemental Information Return Reference Explanation

ROUNDING ADJUSTMENTS -4

FORM 990. PART XI. LINE 9

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## **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CHEMISTRY COUNCIL

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 

53-0104410

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income Er	nd-of-year assets	Direct controlling entity		
rt II Identification of Related Tax-Exempt Or		 the organization an	swered "Yes" on	Form 990, Part	t IV, line 34 because it h	nad on	e
or more related tax-exempt organizations dur		1	1				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	(f) Direct controlling (3)) entity	Section (13) co	<b>g)</b> n 512(l ontrolle tity?
						Yes	No
OUNDATION FOR RESEARCH AND CHEMISTRY INITIATIVES 2ND STREET NE	RESEARCH	VA	501(C)(3)	LINE 11A, I	AMERICAN CHEMISTRY COUNCIL	Yes	
HINGTON, DC 20002 945222							
MERICAN CHEMISTRY COUNCIL POLITICAL ACTION COMMITTEE 2ND STREET NE	POLITICAL ACTIVITIES	VA	527		AMERICAN CHEMISTRY COUNCIL	Yes	
HINGTON, DC 20002							
							$\vdash$
						1	
							+
							_

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

(a) Name, address, and EIN of related organization	Primary activity Lega domic (state foreig		ry activity   Legal   Direct   Predominant   Share of   Share of   Di		edominant Share of Share of Disproprtionate Code amount assets under tons 512-		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership		
				] 3117			Yes	No	1	Yes	No	
											$\vdash$	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	ction 512 b)(13) ontrolled	
								Yes	No	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

Yes

1a

1b Yes

art V	<b>Transactions With Related Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

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?

<b>c</b> Gift, grant, or capital contribution from related organization(s)				1.0	110
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
<b>e</b> Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
<b>p</b> Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple		vered relationships		ds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved
1)FOUNDATION FOR RESEARCH AND CHEMISTRY INITIATIVES	В	364,500	CASH		

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1 I			
													<u> </u>		

