Department of the Treasury

Internal Revenue Service

DLN: 93493319067788

OMB No 1545-0047

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 www.irs.gov/form990

Open to Public Inspection

	or the	2017 6	landar voar or tay voar bogi	nning 01-01-2017 , and ending 12-3	21-2017							
		pplicable	C Name of organization	ming 01-01-2017 , and ending 12-3	71-2017	D Employ	er identif	ication number				
	dress c		AMERICAN CHEMISTRY COUNCIL			53-010						
	me cha	-	Doing business as				4410					
_	tial reti	urn ı/termınated	Doing business us									
		return		mail is not delivered to street address) Room/s	uıte	E Telephor	ne number					
□Ар	plicatio	n pending	700 2ND ST NE			(202) 2	49-7000					
			City or town, state or province, cou WASHINGTON, DC 20002	untry, and ZIP or foreign postal code								
			,		_		•	31,838,650				
			F Name and address of princip CALVIN M DOOLEY	al officer	H(a)	Is this a group re	turn for					
			700 2ND ST NE		H(b)	subordinates? Are all subordinates	tes	□Yes ☑No				
T Ta	x-exem	npt status	WASHINGTON, DC 20002		''(b)	ıncluded?		☐ Yes ☐No				
		<u>'</u>	501(c)(3) 501(c)(6)	((insert no)	H(c)	If "No," attach a Group exemption		•				
) W	ebsite	e:► ww	/W AMERICANCHEMISTRY COM		(5)	Group exemption	Hullibei					
K Form	n of or	ganization	✓ Corporation ☐ Trust ☐ Ass	ociation Other	L Year o	of formation 1950	M State	of legal domicile NY				
		gamzadon	— corporation — mase — nos									
Pa		Sumi										
			scribe the organization's mission of ER BUSINESS VALUE TO ITS MEM	or most significant activities IBERS THROUGH EXCEPTIONAL ADVOCAI	CY							
nce	=											
E	-											
. ve	,	Check thi	s box ▶ ☐ if the organization d	iscontinued its operations or disposed of i	more tha	n 25% of its net a	ssets					
Ğ				ng body (Part VI, line 1a)			3	53				
≫ 5 √	4	Number o	of independent voting members o	of the governing body (Part VI, line 1b)			4	53				
Activities & Governance	5	Total nun	nber of individuals employed in c	5	282							
c t	6	Total nun	otal number of volunteers (estimate if necessary)									
ď	l	Total unr	7a	0								
	Ь	Net unrel	ated business taxable income fro	m Form 990-T, line 34	·		7Ь	0				
	_				<u> </u>	Prior Year	_	Current Year				
랖	l		ions and grants (Part VIII, line 1	h)	-	118,791,	0	0				
Rəvenue		Program Investme	520 571	118,940,414								
æ			483	3,133,099 1,134,969								
			renue (Part VIII, column (A), line enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12)		121,467,		123,208,482				
	-			column (A), lines 1–3)		1,216,		1,082,554				
			, , ,	column (A), line 4)		, ,	0	0				
ς.			other compensation, employee b	137	46,820,361							
Expenses	16a	Professio	nal fundraising fees (Part IX, col	umn (A), line 11e)			0	0				
9	Ь	Total fundr	aising expenses (Part IX, column (D),	line 25) ▶0								
ā	17	Other exp	oenses (Part IX, column (A), lines	s 11a-11d, 11f-24e)		73,900,	255	74,961,300				
	18	Total exp	enses Add lines 13-17 (must eq	ual Part IX, column (A), line 25)		123,062,	092	122,864,215				
	19	Revenue	less expenses Subtract line 18 f	rom line 12		-1,594,		344,267				
Net Assets or Fund Balances					Beg	inning of Current Y	'ear	End of Year				
alar	20	Total asse	ets (Part X, line 16)			135,434,	023	133,135,578				
A As			ılıtıes (Part X, lıne 26)			85,081,		78,514,273				
ξŢ	22	Net asset	s or fund balances Subtract line	21 from line 20		50,352,	984	54,621,305				
Pai	t II	Signa	ature Block				<u>'</u>					
				nined this return, including accompanying								
	nowle		i, it is true, correct, and complet	e beclaration of preparer (other than on	icei) is b	ased on all milorin	acion or v	willen preparer has				
		 	*			2010 11 15						
Sign		Signati	ure of officer			2018-11-15 Date						
Here		BIANCA	A DOMALLY CONTROLLER									
			r print name and title									
			rint/Type preparer's name		Date		PTIN	7				
Paid	k		VILLIAM E TURCO CPA	WILLIAM E TURCO CPA		self-employed	P0036921	,				
	pare	;• <u> </u>	Irm's name RSM US LLP	NI BLVD 400		Firm's EIN ► 42-						
Use	On	ly [⊩]	rm's address ► 9737 WASHINGTONIA			Phone no (301)	296-3600					
			GAITHERSBURG, MD									
			this return with the preparer sho	<u> </u>				′es □ No				
ror P	aperv	work Kee	duction Act Notice, see the se	parate instructions.	Cat	No 11282Y		Form 990 (2017)				

Cat No 11282Y

Form **990** (2017)

Form	990 (2	2017)				Page 2
Par	t III	Statement	of Program Service Ac	complishments		
		Check of Sched	dule O contains a response o	r note to any line in this Part I.	I	
1	Briefly	describe the o	rganızatıon's mıssıon			
COM	MUNICA	BUSINESS VAL ATIONS AND SC ENVIRONMENT,	IENTIFIC RESEARCH WE AR	ADVOCACY USING BEST-IN-C E COMMITTED TO SUSTAINAB	LASS MEMBER PERFORMAN LE DEVELOPMENT BY FOSTE	CE, POLITICAL ENGAGEMENT, ERING PROGRESS IN OUR
	Dıd th	ne organization i	undertake any significant pro	ogram services during the year	which were not listed on	
	the pr	nor Form 990 or	· 990-EZ?			□Yes ☑No
	If "Ye:	s," describe the	se new services on Schedule	0		
3		•		ignificant changes in how it cor	nducts, any program	
	servic	es?				□Yes ☑No
	If "Ye:	s," describe the	se changes on Schedule O			
4	Section	on 501(c)(3) and		mplishments for each of its thre e required to report the amoun service reported		
4a	(Code See Ad	dditional Data) (Expenses \$	including grants of \$) (Revenue	e \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue	e \$)
	•	dditional Data	, (Expended ¢	molading grants of \$, (norella	
4c	(Code) (Expenses \$	including grants of \$) (Revenue	e \$)
	See Ac	dditional Data				
	(Code) (Expenses \$	including grants of \$) (Revenue	· ·
				CIPLES TO ESTABLISH A VISION AN TECHNOLOGIES THAT ARE ESSENT		ANCING SAFE, INNOVATIVE, EFFECTIVE, ILITY SOLUTIONS
4 d	Other	program servic	es (Describe in Schedule O))		
	(Expe	nses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total	program serv	ice expenses ▶		·	

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes 5 6

Yes

Yes

Yes

Yes

Yes

Yes

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24d

25a

25b

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28b

28c

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Yes

Yes

Yes

Form **990** (2017)

Nο

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Nο

Nο

Nο

ΙV	Checklist of	Required	Schedules	(continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule J</i>	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		
	-	-		

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? <i>If "Yes," complete Schedule J</i>	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

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

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 347			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_Ja		
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
		$\overline{}$		

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI $$. $$.					✓
Se	ction	A. Governing Body and Management				· ·	
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	53		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are independent	1b	53			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?			2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other i			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets? .	5		No
6	Did th	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to the governing body?	to elec	t or appoint one or more	7a	Yes	
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?	mem	bers, stockholders, or	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions llowing	undert	aken during the year by			
а	The g	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code		
10-	D. 4 +h	a company to the boundary of the boundary of the board of			10a	Yes	No
	If "Yes	e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt p			10a		No
11a		ne organization provided a complete copy of this Form 990 to all members of its go	•		11a	Yes	
h		be in Schedule O the process, if any, used by the organization to review this Form	990		110	163	
		e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
	Were	officers, directors, or trustees, and key employees required to disclose annually int					
c		e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy	? If "Yes," describe in	12b	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written winstieblower policy?	•		14	Yes	
15	Did th	e process for determining compensation of the following persons include a review as, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent		103	
а		rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Dıd th taxabl	e organization invest in, contribute assets to, or participate in a joint venture or si e entity during the year?	mılar a	irrangement with a	16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organizative venture arrangements under applicable federal tax law, and take steps to safegue with respect to such arrangements?	ard th				
		with respect to such arrangements?			16b		
		C. Disclosure					
17 18	Sectio	in 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99		990-T (501(c)(3)s only)			
		ble for public inspection Indicate how you made these available Check all that ap		0)			
19	Descri	wn website $\ \square$ Another's website $\ \checkmark$ Upon request $\ \square$ Other (explain in Sobe in Schedule O whether (and if so, how) the organization made its governing do , 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 organ MOND O'BRYAN 700 2ND ST NE WASHINGTON, DC 20002 (202) 249-7000	ızatıon	's books and records			
						orm 00	0 (2017

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

1701 GOLF RD STE 1-700 ROLLING MEADOWS, IL 600084242

Page 8

Form 990 (20	•													Page 8
Part VII	Section A. Officers, Direct	cors, Trustees	, Key	Emp	loye	≥es,	, and	Hig	he	st Compensate	d Employees (c	ontii	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	oox, u an off ctor/ti	ot che unles fficer truste	neck mo ess pers er and a tee)	rson a]。	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount of compens from t	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
See Additiona	al Data Table			\vdash	+-	+-'	-	+	+			+		
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	tal						▶		—			-		
	add lines 1b and 1c)	•			· <u> </u>	_	•	_	_	8,219,268	0	<u> </u>		1,946,329
	number of individuals (including portable compensation from the o			e list	ed a	bove	e) who	o rec	zeiv	ved more than \$10	00,000	-		
OI 1695	ortable compensation from the .	organization + .	141											
											Г		Yes	No
line 1a	ne organization list any former of a? If "Yes," complete Schedule J	J for such individ	dual .	•	٠	•		•			· · ·	3		No
	ny individual listed on line 1a, is ization and related organizations dual										the	4	Yes	
	ny person listed on line 1a receiv										vidual for	5		No
Section	B. Independent Contract	ors				—			_		<u> </u>	_		11.0
1 Compl	lete this table for your five higher the organization Report comper	est compensate nsation for the c									n's tax year	pens		
	Name ?	(A) and business addre	ASS	_	_	_	_	_		Descr	(B) ription of services		(C) Compen	
SCITO VATION		illa basiness	:55						_	RESEARCH	iption of serial	\top		,715,000
	A DRIVE SUITE 106													
DURHAM, NC ASTM INTERNA						—			—	RESEARCH		+	3	,390,655
100 BARR HAR				_					_					
	IC RELATIONS WORLDWIDE								_	PUBLIC RELA	ATIONS	\Box	3,	,331,899
PO BOX 78182														
REVOLUTION N	A, PA 191781820 MEDIA GROUP				—			—		PUBLIC RELA	ATIONS	+	1	,722,469
1020 PRINCES										-	11201.5			.,,
ALEXANDRIA, V	VA 22314											_		
ENVIRONMENT	TAL RESOURCES MANAGEMENT INC									RESEARCH			1,	,434,981

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 109

Form 9 Part		` '	Revenue								Page 9
· aic	-			a respo	onse or note to any	line in this Part	VIII				🗆
						(A) Total revenue		(B) Related or exempt function	(C) Unrelated business revenue	€	(D) Revenue excluded from a under sections 512-514
(6	1a	a Federated campaig	ns	1a				revenue			312-314
Grants Imounts	ı	b Membership dues		1 b							
Gra	•	c Fundraising events		1 c							
ffs, ar A	•	d Related organizatio	ns	1d							
m . Gi	•	e Government grants (co	ontributions)	1e							
ons Sii	1	 All other contributions, and similar amounts no 	, gıfts, grants, ot ıncluded	1f							
buti the		above									
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$	ons included								
S a	h	Total.Add lines 1a-1	f		>						
Tle					Business						
14.	_	MEMBERSHIP DUES					80,758 18,369		· ·		
ية چې		O/H REIMBURSEMENT				900099	7,004		4,121		
Program Service Revenue		SFP REVENUE				900099	5,324	,981 5,32	4,981		
ري ح	е	PRODUCT SALES				900099	3,509		9,245		
ogra	f	All other program se	rvice revenue	•			3,973	,832 3,97	3,832		
Ě	g	Total. Add lines 2a-2f			▶ 118,9	40,414					
		Investment income (ii similar amounts) .	ncluding divid		nterest, and other	2,699	,442				2,699,442
		Income from investme			ond proceeds						
	5	Royalties				55	,088				55,088
	62	Gross rents	(ı) Rea	I	(II) Personal						
				80,590							
	b	Less rental expenses		0							
	c	Rental income or (loss)		80,590							
	d	Net rental income o	r (loss)] 80	,590				80,590
			(ı) Securi	ties	(II) Other		+				
	7a	Gross amount from sales of	109,0	063,825							
		assets other than inventory									
	b	Less cost or									
		other basis and sales expenses		528,500]					
		Gain or (loss) Net gain or (loss)		135,325	<u>'</u>	Į.	1,657				433,657
		Gross income from f			<u> </u>						
in e		(not including \$ contributions reporte		of							
Ş. E		See Part IV, line 18									
æ		Less direct expense: Net income or (loss)		b Sing ev	ents						
Other Revenue		Gross income from g		_	ents •	1	+				
0		See Part IV, line 19		а							
	b	Less direct expense	s	ь		-					
		: Net income or (loss)		activit	les						
	10a	Gross sales of invent returns and allowand									
				a							
		Less cost of goods s		b							
	С	Net income or (loss) Miscellaneous		invent	Business Code		+				
	11	•asponsorship			541800	919	,250	919,250			
	b	OTHER INCOME			900099	80	,041	80,041			
							\perp				
	c										
	اب	All other revenue .					\perp				
		Total. Add lines 11a			▶		+			-	
		Total revenue. See				999	,291			-	
					• •	123,208	,482	119,939,705	5	0	3,268,777

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,082,554	·		
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,284,099			
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	30,577,368			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,203,229			
9 Other employee benefits	3,661,680			
10 Payroll taxes	2,093,985			
11 Fees for services (non-employees)				
a Management				
b Legal	2,198,148			
c Accounting	113,420			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	261,576			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,669,899			
12 Advertising and promotion	2,169,637			
13 Office expenses	2,039,530			
14 Information technology	3,211,459			
15 Royalties				
16 Occupancy	6,867,182			
17 Travel	2,178,925			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,062,609			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,427,099			
23 Insurance	312,850			
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)				
a PANEL MANAGEMENT EXPENS	6,879,691			
b research	6,233,887			

3,462,126

1,458,707

2,414,555

Form **990** (2017)

122,864,215

c PUBLIC POLICY

d SUBSCRIPTIONS

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

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Fund Balances

Assets or

Net

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Other assets See Part IV, line 11 .

2.709.990

133,135,578

14.760.248

78,514,273

54.621.305

54,621,305

133.135.578

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1.684.294

135,434,023

14.357.978

85,081,039

50.352.984

50,352,984

135,434,023

Page **11**

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

	Degilling of year		Life of year
Cash-non-interest-bearing		1	
Savings and temporary cash investments	12,126,791	2	12,589,106
Pledges and grants receivable, net		3	

3 1.440.373 946,122 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 8 1,342,945 9 1,137,062 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 15,424,269 10a basis Complete Part VI of Schedule D 8,067,212 8,307,861 10c 7,357,057 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 93.553.771 11 90.041.952 16.977.988 12 18,354,289 12 Investments—other securities See Part IV, line 11 .

17	Accounts payable and accrued expenses	8,911,159	17	8,595,244
18	Grants payable		18	
19	Deferred revenue	61,811,902	19	55,158,781
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
	18 19	Grants payable Deferred revenue	18 Grants payable	18 Grants payable

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Form 990 (2017)

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

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

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

	Check if Schedule O contains a response or note to any line in this Part XII		 	
ar	XII Financial Statements and Reporting			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54	,621,3
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
8	Prior period adjustments	8		
7	Investment expenses	7		
	L			

2a

2b

2c

3a

3b

Yes

Yes

Page **12**

50.352.984

3,924,055

Nο

No

Form **990** (2017)

Additional Data

Software ID:

Software Version:

Form 990 (2017)

Form 990, Part III, Line 4a:

GLOBAL COMPETITIVENESS AND A VIBRANT U.S. CHEMICAL INDUSTRY

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

ACC HELPED SECURE PASSAGE AND ENACTMENT OF THE HISTORIC "TAX CUTS AND JOBS ACTS." MODERNIZING THE U.S. TAX STRUCTURE TO PROMOTE SUSTAINED U.S.

Form 990, Part III, Line 4b: ACC SUCCESSFULLY DELAYED THE FLAWED RISK MANAGEMENT PLAN (RMP) PROGRAM RULE IMPLEMENTATION UNTIL FEBRUARY 2019 WHILE EPA CONDUCTS A RECONSIDERATION OF THE REGULATION

Form 990, Part III, Line 4c: ACCITATION OF MORE THAN 60 MULTI-INDUSTRY GROUPS TO ADVOCATE FOR SCIENCE-BASED UNIFORM FEDERAL STANDARDS FOR LABELING PROGRAMS

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

CHRISTOPHE BECK

PIERRE BRONDEAU

BOARD MEMBER UNTIL 07/2017

BOARD MEMBER

BOARD MEMBER

RAY BROOKS

INGA CARUS

BOARD MEMBER

NEIL CHAPMAN

BOARD MEMBER

	any hours)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BHAVESH V BOB PATEL CHAIRMAN	1 00	x		×				0	0	0
PETER L CELLA CHAIRMAN UNTIL 08/2017	1 00	х		x				0	0	0
JERRY MACCLEARY VICE CHAIRMAN	1 00	x		х				0	0	0
MARK C ROHR	1 00									

JERRY MACCLEARY	1 00	×	x		0	
VICE CHAIRMAN		^				
MARK C ROHR IMMEDIATE PAST CHAIRMAN	1 00	x			0	
GREGORY ADAMS	1 00					

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MARK C ROHR	1 00						0	0	
IMMEDIATE PAST CHAIRMAN		_ ^							
GREGORY ADAMS	1 00						0	0	
BOARD MEMBER		^					· ·	ı	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from related from the compensation

and Independent Contractors

BOARD MEMBER

JUAN FERREIRA

BOARD MEMBER

BOARD MEMBER

JOHN FISCHER

BOARD MEMBER

KEVIN FOGARTY

BOARD MEMBER

WERNER FUHRMANN

BOARD MEMBER UNTIL 05/2017

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FRED FESTA

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DEAN CORDLE	1 00	x						0	0	0	
BOARD MEMBER											
STEVE CORNELL	1 00	×						n	0	0	
BOARD MEMBER								Ĭ			
MARK COSTA	1 00	x						0	0	0	
BOARD MEMBER											
MATT DAVIC	1 00		l	l	l		l				

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MARK COSTA	1 00	V				0		
BOARD MEMBER		_ ^				0		
MATT DAVIS	1 00	×				0		
BOARD MEMBER		^						
RANDY DEARTH	1 00							

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

JOE HARLAN

ERIN KANE

BOARD MEMBER

TODD KARRAN

BOARD MEMBER

SEAN KEOHANE

BOARD MEMBER

PETER HUNTSMAN

BOARD MEMBER UNTIL 07/2017

	any hours					rustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RAJEEV GAUTAM BOARD MEMBER	1 00	×						0	0	0
JIM GENTILCORE BOARD MEMBER	1 00	x						0	0	0
CHRISTOPHE GERONDEAU BOARD MEMBER	1 00	x						0	0	0
MICHAEL J GRAFF	1 00									

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BOARD MEMBER						Ů	
CHRISTOPHE GERONDEAU	1 00	×				n	
BOARD MEMBER		_ ^					
MICHAEL J GRAFF	1 00	l 🗸				0	
BOARD MEMBER		_ ^					
BURNIS BJ HEBERT	1 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	anu	a uii	ecto	א/ונ	ustee)	'	organization (organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LUKE KISSAM BOARD MEMBER	1 00	x						0	0	0	
MATTHEW KOENINGS BOARD MEMBER	1 00	x						0	0	0	
MARK KRAMER BOARD MEMBER	1 00	x						0	0	0	
MICHAEL LACEY	1 00	×						0	0	0	

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MARK KRAMER
BOARD MEMBER
MICHAEL LACEY
BOARD MEMBER

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MARK LASHIER

BOARD MEMBER

JAMES MOFFATT

BOARD MEMBER

CRAIG MORRISON

JIM M NICHOLSON

BOARD MEMBER

MARK NIKOLICH

BOARD MEMBER

ANNE NOONAN

BOARD MEMBER

BOARD MEMBER UNTIL 07/2017

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours			ecto	or/tr	ustee,	'	organization	organizations	erganization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOHN PANICHELLA BOARD MEMBER	1 00	×						0	0	0	
ANTONIS PAPADOURAKIS BOARD MEMBER	1 00	x						0	0	0	
CHRISTOPHER D PAPPAS BOARD MEMBER	1 00	х						0	0	0	
JOHN J PARO BOARD MEMBER	1 00	×						0	0	0	
ROBERT PETERSON	1 00	×						0	0	0	

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BOARD MEMBER UNTIL 11/2017 JOHN PORTZ

BOARD MEMBER

BOARD MEMBER

JOHN ROLANDO

BOARD MEMBER

RICHARD ROWE

BOARD MEMBER

BOARD MEMBER

ERIC SCHNUR

CRAIG ROGERSON

.......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours					rustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	101	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROB SHAMA BOARD MEMBER	1 00	x						0	0	0
THOMAS L SHEPHERD BOARD MEMBER	1 00	х					 	0	0	0
WAYNE SMITH BOARD MEMBER	1 00	х						0	0	0
QUINN STEPAN BOARD MEMBER	1 00	x						0	0	0
THIERRY VANLANCKER	1 00	1 1		Г			\neg	0	0	0

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BOARD MEMBER

BOARD MEMBER

MARK VERGNANO

BOARD MEMBER

MARK VOLMER

MICHAEL WILSON

BOARD MEMBER

BILL WULFSOHN

BOARD MEMBER

.........

BOARD MEMBER UNTIL 01/2017

GRAHAM VANT HOFF

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

...... VP, CHEMICAL PRODUCTS & TECHONOLOGY

NACOLE B HINTON

JOHN D MODINE

ANNE W KOLTON

MICHAEL P WALLS

BRYAN D ZUMWALT

VP, FEDERAL AFFAIRS

VP, COMMUNICATIONS

VP, REG AND TECH AFFAIRS

VP, HR & ADMINISTRATION

CHIEF EXECUTIVE, CHEMTREC

	any nours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CALVIN M DOOLEY PRESIDENT AND CEO	38 00			x				3,215,357	0	747,321
RAYMOND J O'BRYAN CFO, CAO, TREASURER	38 00			х				578,179	0	128,339
DELL E PERELMAN CHIEF OF STAFF/GEN COUNSEL/SEC	38 00			х				547,835	0	131,602
CTEVEN V DUCCEU	37 00									

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0

388,094

371,394

347,684

488,369

536,746

512,957

117,248

119,909

64,512

67,454

125,949

170,174

46,940

CFO, CAO, TREASURER			`			370,179	
DELL E PERELMAN	38 00		х			547,835	
CHIEF OF STAFF/GEN COUNSEL/SEC						,	
STEVEN K RUSSELL	37 00			_		413.841	
VP, PROGRAM MANAGEMENT	1 00			^		413,841	
ROBERT J SIMON JR	37 00						

1 00 38 00

38 00

38 00

38 00

38 00

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and Independent Contractors (A) Name and Title

VP, RESPONSIBLE CARE & VALUE CHAIN

DEBRA CM PHILLIPS

RALPH R UNDERWOOD

VP, STATE AFFAIRS

	hours per week (list any hours for related organizations below dotted line)
	37 00
•••	
	1 00
	38 00

(B)

Average

Position (do not check more Institutiona

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

(C)

than one box, unless person is both an officer and a director/trustee) employee Х

compensation from the organization (W- 2/1099-MISC) 450,890 367,922

(D)

Reportable

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation from the organization and related organizations 126,699

100,182

(F)

Estimated

amount of other

efil	e GRAPHIC prii	nt - DO N	NOT PROCESS	As Filed Dat	:a -		DI	LN:	93493319	067788
SCI	HEDULE C		Political (Campaign	and Lobby	ing Activ	rities		OMB No 1	
(For EZ)	m 990 or 990-	For Org	ganızations Exei	mpt From Inco	me Tax Under s	ection 501(c)	and section 5	27	20	17
	tment of the Treasury al Revenue Service		ete if the organiza nformation about	Schedule C (Fo				Z.	Open to Inspe	
• Si • Si If the • Si If the (Prox	ection 501(c)(3) ord Section 501(c) (other Section 527 organizer organization ans Section 501(c)(3) or Section 501(c)(3) order organization ans by Tax) (see separ	ganizations er than sect t	es" on Form 990, If a Complete Parts I complete Part I - A onlies" on Form 990, If as that have filed Forms that have NOT files" on Form 990, If actions), then arganizations Comp	Part IV, Line 3, o -A and B Do not anizations Comp y Part IV, Line 4, o orm 5768 (election ed Form 5768 (e Part IV, Line 5 (P	r Form 990-EZ, Pa complete Part I-C lete Parts I-A and C r Form 990-EZ, Pa n under section 50° lection under section	C below Do not art VI, line 47 (L 1(h)) Complete on 501(h)) Com	complete Part I-E obbying Activiti Part II-A Do not plete Part II-B De	3 i es), comp o not	then plete Part II-E complete Pa	3 art II-A
	ne of the organizat RICAN CHEMISTRY CO						Employer ide	entif	fication num	nber
							53-0104410			
Pari	-		organization is	_	-					
1	Provide a descript "political campaig		organization's directs")	ct and indirect po	litical campaign act	ivities in Part IV	(see instructions	s for	definition of	
2	Political campaign	activity e	xpenditures (see in	•	,		•	\$_		131,000
			campaign activities organization is	•	•	:)(3).				
1	-		cise tax incurred by	<u> </u>			•			
2		•	cise tax incurred by	-				* - \$		
3			a section 4955 tax,	-	_	5H 4555	•	Ψ_	☐ Yes	
4a	Was a correction		a section 1999 tax,	and to the Form	in 20 for any year				⊔ Yes □ Yes	⊔ No □ No
ь	If "Yes," describe									
Par	II-C Complet	e if the	organization is	exempt unde	r section 501(c), except sec	tion 501(c)(3	3).		
1	Enter the amount	directly ex	xpended by the filin	ig organization fo	r section 527 exem	pt function activ	vities >	\$_		
2	Enter the amount function activities		ng organization's fu	nds contributed t	o other organizatio	ns for section 52	27 exempt ►	\$_		196,400
3	Total exempt fund	tion exper	nditures Add lines	1 and 2 Enter he	ere and on Form 11	20-POL, line 17b	>	\$		196,400
4	Did the filing orga	nization fi	le Form 1120-PO l	for this year?					✓ Yes	□ No
5	organization made of political contrib	e payment outions rec	and employer iden s For each organiz eived that were pro nmittee (PAC) If a	ation listed, ente mptly and directl	r the amount paid (y delivered to a se	from the filing oi parate political c	rganization's fund organization, such	ds A	the filing Iso enter the	amount
	(a) Name		(b) Add	ress	(c) EIN	f	i) Amount paid fi filing organizatior unds If none, en -0-	n's	(e) Ampolitical confeceived and directly to a separation enter	ntributions d promptly y delivered ite political n If none,
1 Se	e Additional Data T	able								
2										
3										
4										
5										
6 For Pa	aperwork Reduction	Act Notice	, see the instruction	s for Form 990 or	990-EZ.	Cat No 5000	84S Schedule (C (Fo:	rm 990 or 996	0-F7) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (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 Schedule C (Form 990 or 990-EZ) 2017 Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?
Grants to other organizations for lobbying purposes?

expenses for which the section 527(f) tax was paid).

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Current year

Carryover from last year

expenditure next year?

Return Reference

b

c Total

3

5

Part IV

PART I-A, LINE 1

Media advertisements?

activity

d

1

7,440,000

7.530.429

12.113.821

-4,583,392

90,429

(b)

Amount

(a)

No

Yes

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					
С	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?					
Do.	${f t}$ III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(4)$)(5). c	r secti	on		
Pair	501(c)(6).					
Par					Yes	No
1						No
	501(c)(6).	,,,,,,	F	,		
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2		No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?)(5), c	or secti	1 2 3 on 50	Yes	No No
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A)(5), c	or secti	1 2 3 on 50	Yes	No No (6)

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

Explanation

ACC'S POLITICAL ACTIVITIES CONSIST OF MAKING CORPORATE POLITICAL CAMPAIGN CONTRIBUTIONS TO

STATE CANDIDATES FOR PUBLIC OFFICE FOR THEIR ELECTIONS CAMPAIGNS, AND PARTICIPATING IN PUBLIC REFERENDUM CAMPAIGNS ON ISSUES THROUGH ACC FUNDING CAMPAIGN COMMITTEES

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

2a

2b

2c

3

<u>4</u>

Additional Data

Software ID: **Software Version:**

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 990, Schedule C, Part 1-C	Ī	(a) ETN	(4)	(-)
(a)Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
ALAN OLSEN FOR OREGON SENATE COMMITTEE	2475 N BAKER DRIVE CANBY, OR 97013	271398287	1000	
ANNETTE QUIJANO ELECTION FUND	311 WEST HENRY STREET LINDEN, NJ 07036	263512224	500	
BARVE FOR MARYLAND	1688 E GUDE DRIVE SUITE 202 ROCKVILLE, MD 20850	521659731	750	
BILL BROUGH STATE ASSEMBLY 2018	34145 PACIFIC COAST HWY 214 DANA POINT, CA 92629	814637158	1500	
BILL QUIRK FOR ASSEMBLY 2018	1527 139TH AVEPO BOX 3254 SAN LEANDRO, CA 94578	814494513	1500	
BLANCA RUBIO FOR ASSEMBLY 2018	921 11TH ST SUITE 904 SACRAMENTO, CA 95814	472842127	1500	
BOCANEGRA FOR ASSEMBLY 2018	1787 TRIBUTE RD SUITE K SACRAMENTO, CA 95815	814617355	1500	
BOLLIER FOR KANSAS SENATE	6910 OVERHILL ROAD MISSION HILLS, KS 662082769	813219305	500	
BRADY FOR SENATE INC	PO BOX 5314 BLOOMINGTON, IL 61702	272263966	2000	
BRAMNICK FOR ASSEMBLY	279 WATCHUNG FORK WESTFIELD, NJ 07090	462704100	500	
BRIAN BLAKE COMMITTEE	PO BOX 1541 LONGVIEW, WA 98632	870699800	1000	
BRIAN DAHLE FOR ASSEMBLY 2018	9460 TEGNER RD HILMAR, CA 95324	454331387	1500	
BURZICHELLI FOR ASSEMBLY	150 WEST STATE STREET TRENTON, NJ 08608	900039489	1500	
CADDY MCKEOWN FOR REPRESENTATIVE	PO BOX 119 COOS BAY, OR 97420	371655095	500	
CAMPAIGN ACCOUNT OF KEITH PERRY	2505 NW 71ST PL GAINESVILLE, FL 32653	800425418	1000	
CANNELLA 2014 SENATE OFFICEHOLDER ACCOUNT	9460 TEGNER RD HILMAR, CA 95324	264781243	1500	
CATHARINE BAKER FOR ASSEMBLY 2018	4101 DUBLIN BLVD SUITE FPMB 22 DUBLIN, CA 94568	814482836	1500	
CATHY YOUNG FOR SENATE	PO BOX 29 OLEAN, NY 14760	202667695	1000	
CHAD MAYES FOR ASSEMBLY 2018	921 11TH STREET SUITE 701 SACRAMENTO, CA 95814	472393484	1500	
CHARLIE FIVEASH FOR STATE SENATE	5665 ATLANTA HIGHWAY SUITE 102B-505 ALPHARETTA, GA 30004	822642181	500	
CHUCK CLEMONS CAMPAIGN FOR FLORIDA	12807 SW 1ST PLACE NEWBERRY, FL 32669	811376121	1000	
CITIZENS FOR ANDREW CASSILLY	616 CALVARY RD CHURCHVILLE, MD 21028	463529475	200	
CITIZENS FOR ANTONIO HAYES	PO BOX 23796 BALTIMORE, MD 21203	464262030	100	
CITIZENS FOR BRYAN SIMONAIRE	441 SHADY LANE PASADENA, MD 21122	202580169	100	
CITIZENS FOR DURKIN	PO BOX 367 WESTERN SPRINGS, IL 605580367	364002366	1000	
CITIZENS FOR JOHN CULLERTON	29 S LASALLE STREET SUITE 936 CHICAGO, IL 60603	363091417	2000	
CITIZENS FOR LINDA HOLMES	PO BOX 6374 AURORA, IL 60598	462127049	500	
CITIZENS FOR MERRITT	850 FORT WAYNE AVE INDIANAPOLIS, IN 46204	201063651	500	
CITIZENS FOR MICHAEL E HASTINGS	PO BOX 162 TINLEY PARK, IL 60477	264338290	500	
CITIZENS FOR NORINE HAMMOND	PO BOX 694 MACOMB, IL 61455	464763917	500	

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN (d) (e) Amount paid from filing Amount of political organization's funds If contributions received none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-CITIZENS FOR SAAB 2120 BELL TOWER DR 342047892 100 CROWNSVILLE, MD 21032 CITIZENS FOR WILLIAM FOLDEN 4118 CAMDEN DRIVE 100 465379873 JEFFERSON, MD 21755 CLAY SCHEXNAYDER CAMPAIGN FUND 6473 HWY 44 SUITE 205 1000 320366615 GONZALES, LA 70737 COMMITTEE TO ELECT BETSY JOHNSON 2236 SE 10TH AVENUE 931281790 1000 PORTLAND, OR 97214 COMMITTEE TO ELECT ERIC BROMWELL 1 MINTE DRIVE 043669598 750 BALTIMORE, MD 21236 COMMITTEE TO ELECT HEATH VANNATTER 2709 SEATTLE SLEW LN 822171112 500 KOKOMO, IN 46901 COMMITTEE TO ELECT JACQUELIN 181 FISH HATCHERY RD 1000 821133084 REPUBLIC, WA 99166 COMMITTEE TO ELECT JEFF MULLIS 212 ENGLISH AVENUE 912064475 1000 CHICKAMAUGA, GA 30707 COMMITTEE TO ELECT KEVIN MAHAN 305 E FAIRLAINE DR 500 452451626 HARTFORD CITY, IN 47348 COMMITTEE TO ELECT SENATOR TIM 34 W 8TH ST 911896752 500 LANANE ANDERSON, IN 46016 DALY FOR ASSEMBLY 2018 3605 LONG BEACH BLVD SUITE 426 814866631 1500 LONG BEACH, CA 90807 DANNY MARSHALL ELECTION COMMITTEE PO BOX 439 542030186 1000 DANVILLE, VA 24543

DEFRANCISCO RE-ELECTION COMMITTEE	PO BOX 7122 CAPITOL STATION ALBANY, NY 12224	141768216	1000	
DON HINEMAN KANSAS HOUSE CAMPAIGN FUND	116 S LONGHORN ROAD DIGHTON, KS 67839	475617029	250	
ED HERNANDEZ FOR LIEUTENANT GOVERNOR 2018	20 GALLI DR STE A NOVATO, CA 94949	472675537	1500	
EFO LOUIS GREENWALD FOR ASSEMBLY	2240-15 RT 70 CHERRY HILL, NJ 08002	223565484	1000	
ELECTION FUND OF CRAIG J COUGHLIN FOR ASSEMBLY	3 ELI ROAD COLONIA, NJ 07060	010930328	1000	
EUSTACE FOR ASSEMBLY	140 W PLEASANT AVE MAYWOOD, NJ 07607	453522073	1000	
FRANK ARTILES CAMPAIGN	1985 NW 88TH COURT SUITE 101 DORAL, FL 33172	275076952	1000	
FRIENDS FOR LARRY WALSH JR	PO BOX 69 ELWOOD, IL 60421	455481875	1000	
FRIENDS OF ANGELA ANGEL	PO BOX 6905 UPPER MARLBORO, MD 20774	463726633	100	
FRIENDS OF BARRY D KNIGHT	1852 MILL LANDING ROAD VIRGINIA BEACH, VA 23457	253285346	500	
FRIENDS OF BRIAN KOLB	PO BOX 835 CANANDAIGUA, NY 14424	161592338	750	
FRIENDS OF CHRIS CARR	PO BOX 724084 ATLANTA, GA 30339	814305148	2000	
FRIENDS OF CHRISTIAN MIELE	14 CASHELLE CT BALTIMORE, MD 21236	474027502	100	
FRIENDS OF CORY MCCRAY	PO BOX 18741 BALTIMORE, MD 21206	800632323	100	
FRIENDS OF CRAIG ZUCKER	3401 BRIARS ROAD BROOKEVILLE, MD 20833	473973801	100	
FRIENDS OF DAN BENSON FOR ASSEMBLY	81 HEMPSTEAD ROAD HAMILTON, NJ 08610	262299066	500	
FRIENDS OF DANA STEIN	3501 GARDENVIEW RD BALTIMORE, MD 21208	743156454	250	
FRIENDS OF DAVE KOEHLER	1020 NE GLEN OAK PEORIA, IL 61603	454230794	500	

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN Amount paid from filing Amount of political organization's funds If contributions received and promptly and directly delivered to a none, enter -0separate political organization If none, enter -0-FRIENDS OF DAVID A WELTER PO BOX 346 813282560 500 MORRIS, IL 60450 FRIENDS OF DAVID BULOVA PO BOX 106 550893686 500 FAIRFAX STATION, VA 22039 11008 ROYAL GRANT CIRCLE MITCHELLVILLE, MD 20721 FRIENDS OF DERECK DAVIS 521863834 750 FRIENDS OF HASAN JALISI 326 ST PAUL PLACE 300 273019619 100 BALTIMORE, MD 21202 FRIENDS OF JAY JACOBS PO BOX 109 270556745 100 ROCK HALL, MD 21661 FRIENDS OF JERRY F COSTELLO II PO BOX 186 800745190 500 SMITHON, IL 62285 FRIENDS OF JIM PRESSEL 309 PULASKI ST 475613119 500 LAPORTE, IN 46350 FRIENDS OF JINYOUNG ENGLUND 1000 PO BOX 302 821123212 WOODINVILLE, WA 98072 PO BOX 900 FOREST, VA 24551 FRIENDS OF KATHY BRYON 541998281 750 FRIENDS OF KIRK COX PO BOX 1205 541998091 1000 COLONIAL HEIGHTS, VA 23834 FRIENDS OF LEE WARE PO BOX 689 541884491 1000 POWHATAN, VA 23139 FRIENDS OF MICHAEL J MADIGAN PO BOX 3188 363418024 2000 CHICAGO, IL 60654 FRIENDS OF MIKE BUSCH 1010 HULL STREET SUITE 202 522264141 1000 BALTIMORE, MD 21230 FRIENDS OF NICK KIPKE PO BOX 862 750 201393106 PASADENA, MD 21123 FRIENDS OF PAM BEIDLE PO BOX 397 521715936 100 LINTHICUM, MD 21090 FRIENDS OF PATTY RITCHIE PO BOX 626 273995972 250 CANTON, NY 13617 FRIENDS OF STEVE WAUGH PO BOX 1805 271543576 100 CALIFORNIA, MD 20619 FRIENDS OF SUE REZIN PO BOX 932 274592726 500 MORRIS, IL 60450 FRIENDS OF SUSAN KREBS 5835 MONROE AVE 431965269 100 ELDERSBURG, MD 21784 FRIENDS OF THOMAS MAC MIDDLETON PO BOX 2502 750 LA PLATA, MD 20646 FRIENDS OF TIM HUGO PO BOX 893 510420767 500 CENTREVILLE, VA 20122 PO BOX 521 ELMIRA, NY 14902 FRIENDS OF TOM O'MARA 201025498 1000 FRIENDS OF WILLIAM WIVELL PO BOX 273 611809190 100 SMITHSBURG, MD 21783 GALGIANI FOR STATE BOARD OF 10011 FOLSOM BLVD 263 814825971 1500 **EQUALIZATION 2018** SACRAMENTO, CA 95827 GILBERT FOR DELEGATE PO BOX 309 800484973 1000 WOODSTOCK, VA 22664 **GRAY FOR ASSEMBLY 2018** 400 CAPITOL MALL SUITE 1545 814796463 1500 SACRAMENTO, CA 95814 GREG BARRETO FOR NE OREGON HD 58 PO BOX 334 1000 464265986 COVE, OR 97824 110 SILVER CREEK CT GREER, SC 29650 HENDERSON FOR STATE HOUSE 208865402 1000 HUIZAR OFFICEHOLDER ACCOUNT 777 S FIGUEROA ST SUITE 4050 202994646 800 LOS ANGELES, CA 90017 IAN CALDERON FOR ASSEMBLY 2018 777 S FIGUEROA STREET SUITE 814555115 1500 4050 LOS ANGELES, CA 90017

Form 990, Schedule C, Part 1-C, Line 5 (b)Address (c) EIN Amount paid from filing Amount of political organization's funds If contributions received none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-JIM COOPER FOR ASSEMBLY 2018 921 11TH ST STE 904 472258181 1500 SACRAMENTO, CA 95814 JIM FRAZIER FOR ASSEMBLY 2018 2200 B DOUGLAS BLVD SUITE 140 814440721 1500 ROSEVILLE, CA 95661 JIM WOOD FOR ASSEMBLY 2018 1787 TRIBUTE ROAD SUITE K 814366739 1500 SACRAMENTO, CA 95815 1022 G STREET JORDAN CUNNINGHAM FOR ASSEMBLY 472808233 1500 SACRAMENTO, CA 95814 KEAN FOR SENATE PO BOX 999 201683237 500 EDISON, NJ 08818 KILGORE FOR DELEGATE PO BOX 669 541998428 500 GATE CITY, VA 24251 LAGANA FOR ASSEMBLY PO BOX 205 463231268 500 PARAMUS, NJ 07652 LANDRY FOR LOUISIANA PO BOX 13816 271427388 5000 NEW IBERIA, LA 70562 LARRY HOGAN FOR GOVERNOR INC PO BOX 6559 464487039 1000 ANNAPOLIS, MD 21401 LAXALT FOR NEVADA PO BOX 97801 464472314 1000 LAS VEGAS, NV 891937801 LEWIS FOR SENATE 250 PO BOX 760 464211148 ACCOMAC, VA 23301 MAIENSCHEIN FOR ASSEMBLY 2018 7918 EL CAJON BLVD N 162 814881036 1500 LA MESA, CA 91942 PO BOX 219 MARYLANDERS FOR MILLER 1000 521718146 CLINTON, MD 20735 MASSEY FOR SENATE PO BOX 551 260522115 500 EDGEFIELD, SC 29824 MATTHEW JAMES CAMPAIGN ACCOUNT 25 EARLY DRIVE 264506871 500 PORTSMOUTH, VA 23701 MILLER FOR STATE REPRESENTATIVE 23267 CR 4 EAST 464354434 500 ELKHART, IN 46514 MORIARTY FOR ASSEMBLY PO BOX 1368 204567680 500 BLACKWOOD, NJ 080121368 11012 VENTURA BLVD SUITE 242 NAZARIAN FOR ASSEMBLY 2018 1500 814463078 STUDIO CITY, CA 91604 NURY MARTINEZ FOR CITY COUNCIL 2013 OFFICEHOLDER ACCOUNT 777 SOUTH FIGUEROA ST SUITE 461767339 800 4050 LOS ANGELES, CA 90017 PAT BATES FOR SENATE 2018 921 11TH STREET SUITE 701 1500 472665048 SACRAMENTO, CA 95814 PAT MCGUIRE FOR SENATE 1210 GLENWOOD 455002344 500 JOLIET, IL 60435 PATTERSON FOR ASSEMBLY 2018 504 VAN NESS AVE FRESNO, CA 93721 462035274 1500 PAUL CAMPBELL FOR SENATE 150 LOGANBERRY CIRCLE 455303245 500 GOOSE CREEK, SC 29445 PEOPLE FOR PENDERGRASS CO SHANE PO BOX 6711 521656546 750 PENDERGRASS COLUMBIA, MD 21045 PETERSON FOR SENATE PO BOX 1066 250 760846380 FAIRFAX, VA 22038 PHILLIP CHEN FOR ASSEMBLY 2018 921 11TH STREET SUITE 701 814437581 1500 SACRAMENTO, CA 95814 RALSTON FOR REPRESENTATIVE PO BOX 1196 272894066 1000 COMMITTEE INC BLUE RIDGE, GA 30513 RE ELECT KEN COOLEY FOR ASSEMBLY 5429 MADISON AVE 814979232 1500 2018 SACRAMENTO, CA 95841 REARDON FOR OREGON 5733 SE 84TH AVENUE PORTLAND, OR 97266 500 454699817 RE-ELECT SENATOR WIECKOWSKI FOR SENATE 2018 2244 IONE STREET 472778360 1500

SACRAMENTO, CA 95864

Form 990, Schedule C, Part 1-C, Line 5 (c) EIN (d) (a)Name (b)Address (e) Amount paid from filing Amount of political organization's funds If contributions received none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-RICHARD PAN FOR SENATE 2018 1787 TRIBUTE ROAD SUITE K 472574382 1500 SACRAMENTO, CA 95815 RIDLEY-THOMAS OFFICEHOLDER 5471 HILLCREST DR 264137409 1000 LOS ANGELES, CA 90043 RODRIGUEZ FOR ASSEMBLY 2018 1121 L STREET SUITE 211 814549989 1500 SACRAMENTO, CA 95814 **RUDY SALAS FOR ASSEMBLY 2018** 456 ATLANTIC AVE 814929044 1500 SHAFTER, CA 93263 SCHAER FOR ASSEMBLY 511 PASSAIC AVE 023977878 500 PASSAIC, NJ 07055 SEBASTIAN RIDLEY THOMAS FOR 555 CAPITOL MALL SUITE 1425 814527415 1500 ASSEMBLY 2018 SACRAMENTO, CA 95814 SHARON QUIRK SILVA FOR ASSEMBLY 5429 MADISON AVENUE 814646864 1500 2018 SACRAMENTO, CA 95841 SHELLY FOR STATE PO BOX 37 680674661 1000 ADDY, WA 99101 STANLEY FOR SENATE PO BOX 460 273844452 250 CHATHAM, VA 24531 STEVE MARSHALL FOR ALABAMA PO BOX 3537 1000 821625734 MONTGOMERY, AL 36109 STEVEN BRADFORD FOR SENATE 2020 777 S FIGUEROA ST SUITE 4050 815369619 1500 LOS ANGELES, CA 90017 STUART FOR SENATE PO BOX 1146 208916835 1000 MONTROSS, VA 22520 SUPERVISOR JANICE HAHN 2016 777 S FIGUEROA STREET SUITE 815211835 1500 OFFICEHOLDER 4050 LOS ANGELES, CA 90017 SWEENEY FOR SENATE 300 NORTH MARION AVENUE 113734672 1000 WENONAH, NJ 08090 THE COMMITTEE TO ELECT TERRY 1060 OLD HOG MOUNTAIN ROAD 273090677 1000 ENGLAND INC AUBURN, GA 30011 TIM GRAYSON FOR ASSEMBLY 2018 1787 TRIBUTE ROAD SUITE K 814542426 1500 SACRAMENTO, CA 95815 TIM KNOPP FOR STATE SENATE PO BOX 6145 454698187 1000 BEND, OR 97708 TONY MENDOZA FOR SENATE 2018 3605 LONG BEACH BLVDSTE 426 263145549 1500 LONG BEACH, CA 90807 TOSCANO FOR DELEGATE 211 EAST HIGH STREET 134313090 500 CHARLOTTESVILLE, VA 22902 VOTE MARGO MCDERMED FOR IL HOUSE 20821 BRIARWOOD LN 500 463860435 MOKENA, IL 60448 WAGNER FOR SENATE PO BOX 68008 473764727 1000 VIRGINIA BEACH, VA 23471

777 S FIGUEROA ST SUITE 4050

LOS ANGELES, CA 90017

SAN DIEGO, CA 92119

WASHINGTON, DC 20002

700 2ND ST NE

7185 NAVAJO ROAD SUITE P

342050845

814555614

364912955

800

1500

65400

WESSON OFFICEHOLDER ACCOUNT

AMERICAN CHEMISTRY COUNCIL

POLITICAL ACTION COMMITTEE

WILK FOR SENATE 2020

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

2017

DLN: 93493319067788OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	ERICAN CHEMISTRY COUNCIL				Employer ide	entilication	number
					53-0104410		
Pa	organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye				(1)5	1 11	
	Tatal assessment and afficient	(a) Dono	advi	sea runas	(b)Fund	s and other a	accounts
•	Total number at end of year						
<u>.</u>	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
ŀ	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's experience of the organization of th	xclusive legal contro	?				Yes 🗌 No
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?					missible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if t	he organızatıon aı	iswe	red "Yes" on Forn	n 990, Part IV	, line 7.	
L	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	nat a	pply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a c	ertified historic	structure	
	Preservation of open space						
	Complete lines 2a through 2d if the organization held a	gualified concernati	on co	ntribution in the for	m of a concent	tion	
•	easement on the last day of the tax year	qualified conservati	011 CC	ntribution in the for		it the End o	f the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histor	ic structure included	ın (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 8/17/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extingi	ııshe	l, or terminated by	the organizatior	during the	
ŀ	Number of states where property subject to conservation	on easement is locat	ed ►				
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ng, ir	spection, handling (of violations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of vi	olatio	ns, and enforcing co	onservation ease	ements durin	ng the year
,	Amount of expenses incurred in monitoring, inspecting.	, handling of violatio	ns, a	nd enforcing conser	vation easemen	ts during the	e year
	Does each conservation easement reported on line 2(d	\ _b_,,			70(5)(4)(5)(6)		
•	and section $170(h)(4)(B)(H)^{2}$) above satisfy the r	equir	ements or section 1	70(n)(4)(b)(l)	☐ Yes	□ No
		comintion on component		, revenue and evne			□ NO
,	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the org					
ar	t IIII Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	ssets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, e	lucat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items	16 (ASC 958), to rep	ort ır	ıts revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	ii)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1	, 11130, 314	<i>5</i> -	···-	▶ \$		
					- * <u>-</u>		
b -	Assets included in Form 990, Part X				P \$ _		

Par	t III	Organizations Maintaining	Collections	of Art, Hist	orical T	reası	ıres, or	Other	Similar A	ssets (con	tınued)	
3		ng the organization's acquisition, acco ns (check all that apply)	ession, and othei	records, che	eck any of	the fo	llowing ti	nat are a	significant	use of its co	llection	
а		Public exhibition			d 🗌	Loan	or excha	nge prog	ırams			
b		Scholarly research			e 🗌	Othe	r					
С		Preservation for future generation	5									
4		ride a description of the organization XIII	's collections and	l explain how	they furt	her the	e organız	ation's ex	kempt purp	ose in		
5		ing the year, did the organization solets to be sold to raise funds rather th							ular	☐ Yes	□ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization X, line 21.		" on Form 9	990, Part	: IV, lı	ne 9, or	reporte	ed an amo			
1a		ne organization an agent, trustee, cu uded on Form 990, Part X?	stodian or other	ıntermedıary	for contri	bution	s or othe	r assets I	not	Yes	□ No	
b	If "N	res," explain the arrangement in Par	XIII and comple	ete the follow	una table		Г			Amount		
c		inning balance	. AIII and compi	ete the follow	ing table		ŀ	1c		Amount		
d	_	itions during the year					ŀ	1d				
e		ributions during the year					ŀ	1e				
f		ing balance					ŀ	1f				
2a		the organization include an amount	on Form 990 Pa	+ Y line 21	for escrov	v or cu	L stodial a		ability?			
b		es," explain the arrangement in Parl	•						,	⊔ Yes	□ No	
Pā	rt V	Endowment Funds. Comple	te if the organ	ization ans	wered "Y	es" or	ı Form 🤄	990, Par	t IV, line	10.		
			(a)Currer	nt year (b) Prior yea	ır	(c)Two ye	ars back	(d)Three ye	ars back (e)Four years bac	:k
1a	Begin	ning of year balance										
		ibutions										_
С	Net ır	nvestment earnings, gains, and losse	s									_
d	Grant	s or scholarships										
е		expenditures for facilities programs										
f	Admıı	nistrative expenses										
g	End o	f year balance	•									
2	Prov	vide the estimated percentage of the	current year end	balance (lın	e 1g, colu	mn (a)) held as	5				
а	Boa	rd designated or quasi-endowment 🕨	•									
b	Perr	manent endowment ►										
С	Tem	porarily restricted endowment >										
	The	percentages on lines 2a, 2b, and 2c	should equal 10	0%								
3a		there endowment funds not in the particular in t	ossession of the	organızatıon	that are h	ield an	d admini	stered fo	r the		Yes No	_
	(i) t	unrelated organizations								3a(i)		
b	. ,	related organizations 'es" on 3a(ii), are the related organiz	ations listed as	equired on S	 Schedule R	. ? .	· · ·			3a(ii . 3b)	_
4	Des	cribe in Part XIII the intended uses o	f the organization	n's endowme	ent funds							
Pa	rt VI											
	Desc		answered "Yes or other basis estment)	" on Form 9 (b) Cost or o	•				rm 990, Pa depreciation		10. Book value	
1a	Land											_
b	Buıldı	ngs										
c	Lease	hold improvements			9,7	99,261			4,686,918		5,112,	,343
d	Equip	ment			2,8	64,312			1,867,512		996,	,800
е	Other				2,7	60,696			1,512,782		1,247,	,914
		t lines 12 through 1e (Column (d) m	ust equal Form 9	90 Part Y o	olumn (B)	line	10(c)		-	1	7 257	057

	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	e organization ans	wered "Yes" on Form	990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives		3030 01 0110	a or year market raide
(3) Other	eld equity interests	2 026 022		
	RATEGY HEDGE FUND	3,836,023		F
	TIONAL EQUITY MUTUAL FUND	4,568,265		F
(C) 31251 96 (D)	7-ISHARES S&P 500 INDEX FUND K SHARES (WFSPX)	9,950,001		F
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	18,354,289		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990, Part IV, I	ine 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Me	ethod of valuation d-of-year market value
(1)				or your manner range
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization answered (a) Description		art IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)			. •
	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.			e 11e or 11f.
(1) Federal in	(a) Description of liability	(b) E	Book value	
DEFERRED RE			12,175,136	
DEFERRED CO	DMPENSATION		2,585,112	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 25) r uncertain tax positions In Part XIII, provide the text of	► the footnote to the o	14,760,248	tatements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 7			

Add lines 3s through 3d

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII) . . .

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

Part XI

2

b

5

1

2

c

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2017

Page 4

5,312,853

115,433,723

-6,088,657

1,341,835

122.864.215

Schedule D (Form 990) 2017

121,522,380

е	Add lines 24 through 24	•	 •	•		26	
3	Subtract line 2e from line 1					3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			261,576		
b	Other (Describe in Part XIII)	4b			8,082,711		

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

114,864,195 4c 8,344,287 123,208,482 turn.

5

1

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b .	4a			261,576	
Other (Describe in Part XIII)	4b			8,082,711	1
Add lines 4a and 4b	٠.				1
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					
Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			per	ises per l	₹€
Total expenses and losses per audited financial statements					Π
Amounts included on line 1 but not on Form 990, Part IX, line 25					
	ı	1			1

3,924,055

1.388.798

-6,088,657

261,576 1,080,259

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

T THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITIO N, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIOD S MANAGEMENT HAS EVALUATED THE COUNCIL'S TAX POSITIONS AND HAS CONCLUDED THAT THE COUNCIL

Supplemental Information

Deturn Deference

Return Reference	Explanation
PART X, LINE 2	ACC, FCRI AND AMERICHEM PAC ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVI SIONS 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 CLASSIFI ED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOME THAT IS NOT RELATED TO EXEM PT 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, 2017 THE COUNCIL FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAI NTY 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 UND ER 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 RE COGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGES TO BE PRIVED REALIZED LIPON UNITIMATE SETTLEMEN

HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE INCOME INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 1,388,798

Sı

Supplemental Information Return Reference Explanation CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE 7,004,120 SEPARATE PROGRAMS INCLUDED IN L PART XI, LINE 4B - OTHER INE 2, PART VIII, PG 10 1.080,259 LOSS ON DISPOSAL OF FIXED ASSETS -1.668 I ADJUSTMENTS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 913,795 CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE -7,004,120 LOSS ON DISPOSAL OF FIXED ASSETS 1,668

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SEPARATE PROGRAMS INCLUDED IN LINE 2, PART VIII, PG 10 1,080,259

S

efile GRAPHIC prin	t - DO NOT PF	ROCESS	As Filed Data	ata - DLN: 93493319067788					
SCHEDULE F (Form 990)	Stater	ment of A	Activities (Outside the Uni	ted States	OMB No 1545-0047			
(1 om 000)	► Complet	te if the organia		Yes" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.	2017			
Department of the Treasury Internal Revenue Service	► Information	on about Sched	lule F (Form 990) a	and its instructions is at wi	w.irs.gov/form990.	Open to Public Inspection			
Name of the organization					Employe	r identification number			
AMERICAN CHEMISTRY (LOUNCIL				53-01044	10			
	Information o , Part IV, line 1		Outside the U	Jnited States. Comple	te if the organizat	ion answered "Yes" to			
1 For grantmaker	s. Does the orga	anızatıon maı	ntaın records to	substantiate the amount	of its grants and				
•	-	- ,	e grants or assis	stance, and the selection	criteria used				
to award the gra	nts or assistance	9?				☐ Yes ☐ No			
2 For grantmaker outside the Unite		art V the orga	anızatıon's proce	dures for monitoring the	use of its grants a	nd other assistance			
3 Activites per Regio	on (The following	Part I, line 3 t	able can be dupli	cated if additional space is	needed)				
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (program service, desc specific type of service(s) in regio	cribe for and investments in region			
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continua Part I	ation sheets to	C	0			1,131,694 0			
c Totals (add lines 3 For Paperwork Reduction		he Instruction			No 50082W s o	1,131,694 chedule F (Form 990) 2017			

(1)				
(2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
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
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, and Part III, column (c) (estimated number of recipients), as applicable. Also company additional information (see instructions). ReturnReference Explanation	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide	
	ReturnReference	Explanation

Schedule F (Form 990) 2017

Additional Data

& GREENLAND)

Software ID: **Software Version:**

0

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 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			
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ADVOCACY/ADMIN SUPP	661,922			
EUROPE (INCLUDING ICELAND	n	0	PROGRAM SERVICES	ADVOCACY/ADMIN SUPP	201,820			

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES ADVOCACY/ADMIN SUPP 3.947 MIDDLE EAST AND NORTH **AFRICA** NORTH AMERICA 0 PROGRAM SERVICES IADVOCACY/ADMIN SUPP 37,555

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES ADVOCACY/ADMIN SUPP 166.450 SOUTH AMERICA SOUTH ASIA 0 PROGRAM SERVICES ADVOCACY/ADMIN SUPP 60,000

efile GRAPHIC print - DO NOT PROCESS DLN: 93493319067788 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** AMERICAN CHEMISTRY COUNCIL 53-0104410 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2		
Part IIII Grants and Other Part III can be dup	r Assistance to uplicated if addition	 Domestic Individual onal space is needed 	als. Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 22			
(a) Type of grant or as	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplement	tal Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ac	dditional information.		
Return Reference	Explanation	Explanation						
PART I, LINE 2		MERICAN CHEMISTRY COUNCIL IS NOT A GRANT-MAKING ORGANIZATION AMERICAN CHEMISTRY COUNCIL PROVIDED OTHER ASSISTANCE TO VARIOUS RGANIZATIONS						

Schedule I (Form 990) 2017

Additional Data

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 if applicable or government (d) Amount of cash grant (e) Amount of non-cash other) (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance or assistance or assistance							
FOUNDATION FOR CHEMISTRY RESEARCH AND INITIATIVES 700 SECOND STREET NE WASHINGTON, DC 20002	52-1945222	501(C)(3)	1,037,554				RESEARCH SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY 3601 EISENHOWER AVE SUITE 450 ALEXANDRIA, VA 22304	13-5644916	501(C)(3)	30,000				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10.000 PREVENT CANCER 52-1429544 CONTRIBUTION FOUNDATION

1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	9067	788
Sch	nedule J	Co	ompensati	ion Information	ОМ	B No	1545-0	0047
(Fori	m 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	, line 23.		17	
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at •		to Pul	
Nar	ne of the organiz				Employer identificat			
AME	ERICAN CHEMISTRY	COUNCIL			53-0104410			
Pa	rt I Questi	ons Regarding Compensa	ition		00 010 1 110			
	-						Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payment		Health or social club dues or initiation				
	□ Discretion	nary spending account	✓	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	ees, officers, including the CEO/I	executive Director	r, regarding the items checked in line	e lar			
3	organization's C	CEO/Executive Director Check a	II that apply Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
		lent compensation consultant	\checkmark	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	rance payment or change-of-con	itrol payment?			4a		No
b		or receive payment from, a supp		ified retirement plan?		4b	Yes	
С	Participate in, o	er receive payment from, an equ	ıty-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related org					5b		
		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n۶				6a		
b	Any related org					6b		
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section lescribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

Schedule 3 (Form 330) 2017	rage 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
	CALVIN DOOLEY RECEIVED COMPANION TRAVEL IN THE AMOUNT OF \$9,014 THAT WAS TREATED AS TAXABLE INCOME CALVIN DOOLEY RECEIVED PERSONAL SERVICE IN THE AMOUNT OF \$35,343 THAT WAS TREATED AS NON-TAXABLE INCOME								
	FOLLOWING ARE THE EMPLOYEE DEFERRALS INTO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - 457(F) CALVIN M DOOLEY - \$636,554 RAYMOND J O'BRYAN - \$46,977 DELL PERELMAN - \$49,988 MICHAEL P WALLS - \$91,160 ANNE W KOLTON - \$50,000 STEVEN K RUSSELL - \$50,000 DEBRA C M PHILLIPS -								

Page 3

Schedule 1 (Form 990) 2017

Schedule 1 (Form 990) 2017

8MICHAEL P WALLS VP, REG AND TECH AFFAIRS

9BRYAN D ZUMWALT VP, FEDERAL AFFAIRS

10DEBRA CM PHILLIPS

VP, RESPONSIBLE CARE & VALUE CHAIN

11RALPH R UNDERWOOD

VP, STATE AFFAIRS

(1)

(1)

(II)

(1)

(11)

(ı)

(11)

375,565

372,338

336,205

290,864

114,000

140,000

114,000

73,750

0

				53-0104410 AMERICAN CHEMISTI	RY COUNCIL			
Form 990, Schedule	J, F	art II - Officers, Dir	rectors, Trustees, Ke	ey Employees, and H	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISo (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1CALVIN M DOOLEY PRESIDENT AND CEO	(1)	1,774,750	1,067,211	373,396	686,954	77,403	3,979,714	348,578
	(11)	0	0	0	0	0	0	0
1RAYMOND J O'BRYAN CFO, CAO, TREASURER	(1)	417,843	106,000	54,336	100,977	36,059	715,215	47,920
	(11)	0	0	0	0	0	0	0
2 DELL E PERELMAN CHIEF OF	(1)	415,391	126,750	5,694	103,988	30,610	682,433	0
STAFF/GEN COUNSEL/SEC	(11)	0	o	0	0	0	0	0
3 STEVEN K RUSSELL VP, PROGRAM MANAGEMENT	(1)	320,798	91,500	1,543	91,234	30,973	536,048	0
	(11)	0	0	0	0	0	0	0
4ROBERT J SIMON JR VP, CHEMICAL PRODUCTS &	(1)	300,579	86,500	1,015	89,733	35,075	512,902	0
TECHONOLOGY	(11)	0	o	0	0	0	0	0
5NACOLE B HINTON VP, HR & ADMINISTRATION	(1)	295,534	75,000	860	38,700	30,693	440,787	0
	(11)	0	0	0	0	0	0	0
6 JOHN D MODINE CHIEF EXECUTIVE,	(1)	316,166	30,000	1,518	37,278	32,037	416,999	0
CHEMTREC	(11)	0	0	0	0	0	0	0
7 ANNE W KOLTON VP, COMMUNICATIONS	(1)	374,000	113,750	619	95,773	35,295	619,437	0
İ	(11)	0	0	0	0	0	0	0

47,181

619

685

3,308

145,160

46,940

93,973

75,168

30,134

5,181

42,847

29,865

712,040

565,078

587,710

472,955

43,819

0

0

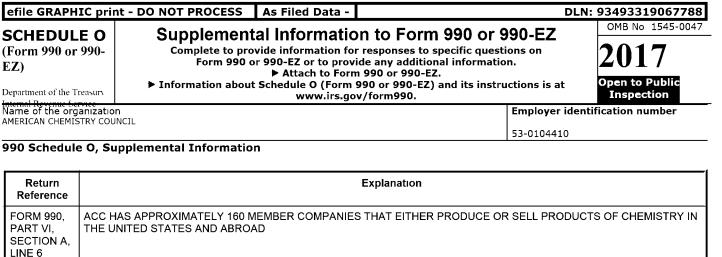
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Return Explanation
Reference

LINE 7A

FORM 990, ACC'S MEMBERS ELECT ITS BOARD OF DIRECTORS AT AN ANNUAL MEETING
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990, BYLAW AMENDMENTS THAT SUBSTANTIALLY CHANGE ANY EXISTING BYLAW PROVISIONS MUST BE APPROVED PART VI, BY TWO-THIRDS OF THE MEMBERS PRESENT AT AN ANNUAL OR SPECIALLY CALLED MEETING SECTION A, LINE 7B

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	IN ACCORDANCE WITH THE COUNCIL'S BOARD APPROVED RESOLUTION THE 2017 IRS FORM 990 WAS REVI
PART VI,	EWED BY THE ACC BOARD FINANCE, AUDIT AND MEMBERSHIP COMMITTEE THE BOARD FINANCE, AUDIT A
SECTION B,	ND MEMBERSHIP COMMITTEE WAS PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW NO LESS
LINE 11B	THAN 4 DAYS PRIOR TO THE FILING DEADLINE AND ANY COMMENTS WERE RESOLVED TO EFFECT A TIMEL
	Y FILING OF THE FORM 990

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 INDICAT ING WHETHER HE OR SHE HAS OR MAY HAVE A CONFLICT-OF-INTEREST INVOLVING ANY ACC FINANCIAL T RANSACTION 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 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, AND IF SO REQUESTED BY THE CHAIRMAN OR ANY OTHER DIRECTOR NOT BEING PRESENT AT THE TIME OF THE VOTE WITH RESPECT TO RESTRAIN TON 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

OVEMBER 2016 MEETING

Explanation Return Reference FORM 990. THE ACC COMPENSATION COMMITTEE IS COMPRISED OF THE ACC OFFICERS. THE COMPENSATION COMMITTE PART VI. E REVIEWS THE PERFORMANCE AND SETS THE ANNUAL COMPENSATION OF THE ACC PRESIDENT AND CEO PU SECTION B. RSUANT TO AGREED UPON CONTRACTUAL TERMS THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPRO LINE 15 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 6. THE COMPENSATION COMMITTEE REVIEWED PERFORMANCE, AWARDED THE BONUS, AND APPROVED THE 20 17 BASE COMPENSATION FOR THE PRESIDENT AND CEO FOR THE REMAINING COVERED INDIVIDUALS. THE PRESIDENT AND CEO RECOMMENDED BONUSES AND 2017 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

Explanation Return Reference

FORM 990. THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY OR FINANCI AL STATEMENTS AVAILABLE TO THE PUBLIC. EXCEPT TO THE EXTENT REQUIRED BY LAW

PART VI. SECTION C. LINE 19

990 Schedule O, Supplemental Information

Return Explanation

Reference	
	CONSULTING 29,952,639 AGENCY TEMPS 48,576 OTHER PROFESSIONAL FEES 564,278 SHARED EMPLOYEE SERVICES 104,406
LINE 11G	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ROUNDING ADJUSTMENTS -1 PART XI,

LINE 9

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(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

35b, 36, or 37.

Open to Public

Inspection
Employer identification number

DLN: 93493319067788

OMB No 1545-0047

2017

➤ Attach to Form 990.
➤ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Emplo

AMERICAN CHEMISTRY COUNCIL 53-0104410 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (e) (f) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) FOUNDATION FOR RESEARCH AND CHEMISTRY INITIATIVES RESEARCH VA 501(C)(3) LINE 12B, II AMERICAN CHEMISTRY Yes COUNCIL 700 2ND STREET NE WASHINGTON, DC 20002 52-1945222 (2) AMERICAN CHEMISTRY COUNCIL POLITICAL ACTION COMMITTEE VA 527 AMERICAN CHEMISTRY POLITICAL ACTIVITIES Yes 700 2ND STREET NE COUNCIL WASHINGTON, DC 20002 36-4912955 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

		(b) Primary	1		1	1				ı .			
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
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Schedule R (Form 990) 2017		Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		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)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l 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
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
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No

k Lease of facilities, equipment, or other assets from related organization(s)		1k No
l Performance of services or membership or fundraising solicitations for related organization(s) \dots		11 No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)		1m No
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
p Reimbursement paid to related organization(s) for expenses		1 p N o
q Reimbursement paid by related organization(s) for expenses		1q No
r Other transfer of cash or property to related organization(s)		1r No
f s Other transfer of cash or property from related organization(s)		1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relationships and tran	isaction thresholds
(a) Name of related organization	(b) (c) Transaction Amount involved type (a-s)	(d) Method of determining amount involved

В 1,037,554 CASH

Schedule R (Form 990) 2017

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017