For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

tion 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493317015340 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable: AMERICAN CHEMISTRY COUNCIL ☐ Address change 53-0104410 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 2ND ST NE ☐ Amended return ☐ Application pending (202) 249-7000 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20002 G Gross receipts \$ 205,120,491 Name and address of principal officer: H(a) Is this a group return for CHRIS JAHN □Yes ☑No subordinates? 700 2ND ST NE H(b) Are all subordinates WASHINGTON, DC 20002 ☐ Yes ☐No included? 501(c)(3) **У** 501(c) (6) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.AMERICANCHEMISTRY.COM L Year of formation: 1950 M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: TO DELIVER BUSINESS VALUE TO ITS MEMBERS THROUGH EXCEPTIONAL ADVOCACY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 52 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 52 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 291 52 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 22,850 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 100,000 Ravenue 122,613,255 124,080,762 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,719,538 4,068,247 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,444,503 1,559,419 127,777,296 129,808,428 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 774,138 1,581,594 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 49,196,099 51,346,027 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 77,124,796 75,509,816 127,095,033 128,437,437 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 682,263 1,370,991 Net Assets or Fund Balances Beginning of Current Year **End of Year** 133,959,743 148,199,208 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 83,869,566 88,219,490 22 Net assets or fund balances. Subtract line 21 from line 20 . 50,090,177 59,979,718 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here WILLIAM PAPPAS CONTROLLER Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-11-11 P00369217 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500 Phone no. (301) 296-3600 GAITHERSBURG, MD 20878 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

| Form | 990 (201 | 9) | | | | Page 2 |
|------|---------------------|----------------|------------------------------|---------------------------------------|--|------------------------|
| Pa | rt III S | tatement o | of Program Service Ac | complishments | | |
| | C | heck if Sched | ule O contains a response o | r note to any line in this Part III . | | 🗹 |
| 1 | Briefly d | escribe the or | ganization's mission: | | | |
| COM | MUNICATI | ONS AND SCI | | | SS MEMBER PERFORMANCE, POLITIC DEVELOPMENT BY FOSTERING PROC | |
| 2 | Did the | organization u | ndertake any significant pro | ogram services during the year wh | nich were not listed on | |
| | the prior | Form 990 or | 990-EZ? | | | 🗌 Yes 🗹 No |
| | If "Yes," | describe thes | e new services on Schedule | 0. | | |
| 3 | Did the | organization c | ease conducting, or make s | ignificant changes in how it condu | cts, any program | |
| | services | ? | | | | 🗌 Yes 🗹 No |
| | If "Yes," | describe thes | e changes on Schedule O. | | | |
| 4 | Section | 501(c)(3) and | | e required to report the amount of | argest program services, as measur f grants and allocations to others, th | |
| 4a | (Code: See Addit | ional Data |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4b | (Code: See Addit | ional Data |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c | (Code: See Addit | ional Data |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | (Code: | |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | ACC HELF | PED SECURE THE | FINAL EPA RISK MANAGEMENT | PLAN RULE. | | |
| 4d | | - | es (Describe in Schedule O. | | | |
| | (Expens | es \$ | including | grants of \$ |) (Revenue \$ |) |
| 4e | Total p | rogram servi | ce expenses ▶ | | | |
| | | | | | | Form 990 (2019) |

| | 330 (2013) | | | rage 3 |
|-----|---|-----|---------|----------|
| Par | tiv Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | 103 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | Yes | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$. | 5 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2 | 11b | Yes | |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 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 | . (2015) |
| | | | Form QQ | 1 (2019) |

| m s | 990 (2019) | | | Pag |
|-----|--|-----|-----|----------------|
| art | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| | 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 |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | 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 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | N |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | N ₁ |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | N ₁ |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | N- |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 1 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| ali | 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 | N |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 376 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | 1 |

1c

| | Statements Berneling Other IDC Filings and Ton Compliance (continued) | | | Page 5 |
|--------|--|------------|-----|--------|
| | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| | 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)? If "Yes," enter the name of the foreign country: | 4a | | No |
| E ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| Б Б | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | NI - |
| | 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? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| | 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? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| | 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 | | |
| _ | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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 | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | Yes | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |

| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | a "No" resp | onse to | lines |
|-----|---|-------------|----------|----------|
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 52 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 52 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee? | ner 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? | ision 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | . 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or n members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body? | r 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following: | - by | | |
| а | The governing body? | 8a | Yes | |
| b | · | . 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Rev | enue Cod | | |
| | | 40 | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 42- | V | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | 3 | 15b | Yes | |
| 10- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | . 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exert status with respect to such arrangements? | npt | | |
| 6- | ection C. Disclosure | 16b | <u> </u> | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | <u> </u> | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | t | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records RAYMOND O'BRYAN 700 2ND ST NE WASHINGTON, DC 20002 (202) 249-7000 | : | | |
| | | | orm 99 | n (2019 |

| List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th | Form 990 (2019) | | | | | | | | | | | Pag | ge 7 |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|----------------------------------|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o | | | Truste | es, I | Key | En | nploy | ees | , Highest Comp | ensated Employ | yees, | | |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat | Check if Schedule O contains a | response or no | te to an | y line | in t | his | Part VI | ١. | | | | . [| |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Reportable compensation from the organization organization organization organization organization organizati | Section A. Officers, Directors, Tru | istees, Key E | mploy | ees, | an | d H | lighe | st C | Compensated En | nployees | | | |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza | year. | | • | | | | | | , , | | - | n's ta | Κ |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee. | of compensation. Enter -0- in columns (D), (| E), and (F) if no | compe | nsati | on w | /as | oaid. | | ., | | | | |
| who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no | | | | | | | | | | | | | |
| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations. | | | | | | | | | | | | | |
| Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above. | of reportable compensation from the organiz | ation and any re | elated o | rgani | zatio | ons. | | | . , | · | · | | |
| (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations) | organization, more than \$10,000 of reportab | le compensatio | n from t | | | | | | | | Э | | |
| Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer | Check this box if neither the organizatio | n nor any relate | d organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee. | | | |
| it steed | | Average hours per week (list any hours | than o is b | ne bo oth a direct | o no ox, u n of or/t | t che inles ficer | s pers | on | Reportable compensation from the organization | Reportable compensation from related organizations | Estir amount compe fror | nated of oth nsation the | n |
| See Additional Data Table | | organizations below dotted | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | ` ' | rel | ated | |
| | See Additional Data Table | | | | | | | | | | | | |
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| Part VII Section A. Officers, Direct | tors, Trustee | s, Kev | Emp | lov | | , and | Hia | hest Compe | | d Employees | (conti | inued) | Page 8 |
|---|---|-----------------|---------------------------------------|--|-------------------------------------|--|-------------------|---------------------------------|----------------------------|--|--------|---------------------------------|-----------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours | Position than o | ion (do one bo both a direct | (C) do not box, u an of ctor/t | ot che unles officer trust | neck mo ess pers er and a stee) | nore rson a | (D) Reportab compensat from the | ble ation ne tion | (E) Reportable compensation from related organizations | n a | (F) Estima amount o compens | ated of other sation the |
| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | - (W-2/109 MISC) | | (W-2/1099- MISC) | | organizati relat organiza | ed |
| See Additional Data Table | | | | | \vdash | | | | | | 1 | | |
| | | | | $oxedsymbol{oxedsymbol{oxedsymbol{oxed}}}$ | $oxed{\Box}$ | \Box | \Box | | | | 4 | | |
| | | - | _ | _ | \vdash | _ | + | | | | + | | |
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| | | | | | | | | | | | 士 | | |
| | | | | | | | | | | | | | |
| 1b Sub-Total | | | | | - | • | _ | | - | | 丰 | | |
| c Total from continuation sheets to Pad Total (add lines 1b and 1c) | • | | | | | ▶ | _ | 10,912,1 | 160 | | 0 | | 1,975,91 |
| Total number of individuals (including of reportable compensation from the | g but not limited | d to thos | | | | e) who | rec د | eived more th | nan \$1(| 00,000 | _ | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former of line 1a? If "Yes," complete Schedule J | | | | • | | oyee, | or hi | ghest comper | ısatea • • | employee on | 3 | | No |
| For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | the | 4 | Yes | |
| 5 Did any person listed on line 1a received services rendered to the organization? | | | | | | | | | or indi | vidual for | 5 | | No |
| Section B. Independent Contract | | | _ | _ | _ | | _ | | | | | | |
| Complete this table for your five higher from the organization. Report comper | nsation for the c | | | | | | | | | n's tax year. | npens | | |
| | (A) and business addre | ess | | _ | _ | | | | | (B) ription of services | | (C Comper | |
| CITO VATION LLC 00 CAPITOLA DRIVE SUITE 106 | | | _ | _ | _ | | _ | RESE | EARCH | | | 3 | 3,525,473 |
| OU CAPITOLA DRIVE SOITE 106 DURHAM, NC 27713 VEBER SHANDWICK | | | | | | | | PUBI | LIC RELA | ATIONS | _ | 2 | 2,069,759 |
| 33 10TH ST NW | | | | | | | | | | | | | / - |
| VASHINGTON, DC 20001 DGILVY PUBLIC RELATIONS WORLDWIDE | | | | | | | | PUBL | LIC RELA | ATIONS | | 2 | 2,021,204 |
| PO BOX 781820 1 N 5TH ST PHILADELPHIA, PA 19178 | | | | | | | | DUB | PEI | | | | 220 570 |
| BRABENDERCOX LLC 218 GRANDVIEW AVE | | | | | | | | 1005 | LIC RELA | 4110N2 | | | .,300,579 |
| PITTSBURG, PA 15211 KELLER AND HECKMAN LLP | | | | — | — | | — | LEG/ | AL COUN | | + | 1 | ,179,618 |
| 001 G ST NW SUITE 500W VASHINGTON, DC 20001 | | | | | | | | | | | | | |
| Total number of independent contractor compensation from the organization | | t not lim | ited t | to th | nose | listed | abov | ve) who receiv | ved mo | ore than \$100,00 |)0 of | | |
| | | | | _ | _ | | | | | | | Form 99 | 0 (2019 |

| Form 9 Part | | (2019) Statement | of E | Pevenue | | | | | | Page 9 |
|--|------------|---|----------------|---------------------------|------------|------------------------|---|---|--|--|
| Part | VIII | | | | 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 tax under sections |
| 10 | 1: | a Federated campa | igns | | 1a | | | revenue | | 512 - 514 |
| tributions, Gifts, Grants Other Similar Amounts | | b Membership dues | 5. | . [| 1 b | | | | | |
| 60 m | | c Fundraising even | ts . | . [| 1c | | | | | |
| ifts, ar A | | d Related organiza | tions | ; <u> </u> | 1 d | | | | | |
| », 6 m:€ | | e Government grants | • | ′ L | 1e | 100,000 | | | | |
| ions r Si | 1 | f All other contributio and similar amounts | ns, g s not | ifts, grants, included | 1f | | | | | |
| ibut | 1 | above g Noncash contributio | ns in | cluded in | | | | | | |
| Contributions, and Other Sim | | lines 1a - 1f:\$ | | L | 1 g | | | | | |
| ತ ರ | | h Total. Add lines : | 1a-1 | f | • | > | 100,000 | | | |
| | _ | MEMBERSHIP DUES | | | | Business Code | 89,867,588 | 89,867,588 | | |
| e e | 2a | MEMBERSHIP DOES | | | | 900099 | | , , | | |
| venu | b | CHEMTREC REG FEES | 5 | | | 900099 | 23,191,734 | 23,168,884 | 22,850 | |
| e Re | С | O/H REIMBURSEMEN | Т | | | 900099 | 7,118,570 | 7,118,570 | | |
| rvic | | PROPUET CALES | | | | 300033 | 2,966,694 | 2,966,694 | | |
| n Se | d | PRODUCT SALES | | | | 900099 | 2,500,000 | _,,,,,,,,, | | |
| Program Service Revenue | е | MEETINGS/SEMINARS | 5 | | | 900099 | 2,231,435 | 2,231,435 | | |
| ď | _ | | | | | | -1,295,259 | -1,295,259 | | |
| | | All other program | | | | 124,080,762 | | | | |
| | _ | Total. Add lines 2 Investment income | | | | | | | | |
| | 5 | similar amounts) . | | | | • | 3,573,849 | | | 3,573,849 |
| | | Income from invest Royalties | | it of tax-exer | | | 206 627 | | | 396,627 |
| | | | | (i) Rea | l | (ii) Personal | | | | |
| | 6a | 6a Gross rents b Less: rental expenses 6b | | | 74,175 | 5 | | | | |
| | b | | | | | | | | | |
| | С | Rental income | 00 | | | , | - | | | |
| | | or (loss) | 6с | | 74,175 | I | 74,175 | | | 74.475 |
| | | Net rental income | or | (i) Securit | ies . | (ii) Other | 74,173 | 1 | | 74,175 |
| | 7 a | Gross amount | | ., | | | 1 | | | |
| | | from sales of assets other than inventory | 7a | /5,8 | 06,461 | | | | | |
| | b | Less: cost or | 7b | 75.0 | 12.065 | | 1 | | | |
| | | other basis and sales expenses | | /5,3 | 12,063 | 5 | | | | |
| | С | Gain or (loss) | 7c | 4 | 94,398 | 3 | | | | |
| | c | d Net gain or (loss) | • | | | | 494,398 | | | 494,398 |
| ar | 8a | Gross income from fu (not including \$ | ındra | ising events of | | | | | | |
| en | | contributions reported See Part IV, line 18 | d on l | line 1c). | 8a | | | | | |
| Re | Ŀ | Less: direct expen | ses | | 8b | | - | | | |
| Other Revenue | c | Net income or (los | s) fr | om fundraisi | ng ev | ents | | | | |
| | 9a | Gross income from | | | | | | | | |
| | | See Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expen Net income or (los | | | 9b | iac . | _ | | | |
| | | The meanie of (103 | J) 11 | om gaming c | - | es • | 1 | | | |
| | 10 | aGross sales of inve returns and allowa | | | 10a | | | | | |
| | Ŀ | Less: cost of good | s sol | ld | 10b | | 1 | | | |
| | c | Net income or (los | | | nvent | | | | | |
| | 11 | Miscellaneo ASPONSORSHIP | us R | evenue | | Business Code 90009 | | | | 1,079,555 |
| | | OI ONSORSHIP | | | | 22002 | _,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | Ŀ | OTHER INCOME | | | | 90009 | 9 9,062 | | | 9,062 |
| | | | | | | | | | | |
| | c | | | | | | | | | |
| | | All C | | | | | | | | |
| | | I All other revenue Total. Add lines 1 | | | | > | | | | |
| | | 2 Total revenue. S | | | • | | 1,088,617 | | | |
| | | Juli Tovender 5 | JU 11 | .50. 40000115 | • | • | 129,808,428 | 124,057,912 | 22,850 | 5,627,666 Form 990 (2019) |

| | m 990 (2019) | | | | Page 10 |
|----|---|-----------------------|--------------------------|------------------------------------|-------------------------|
| Р | art IX Statement of Functional Expenses | | All ather are simpli | | |
| | Section 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response or note to an | | _ | | umn (A). |
| Dο | not include amounts reported on lines 6b, | | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,581,594 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 8,765,217 | | | |
| 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 | 31,813,103 | | | |
| | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 4,761,010 | | | |
| 9 | Other employee benefits | 3,593,590 | | | |
| | Payroll taxes | 2,413,107 | | | |
| | Fees for services (non-employees): | | | | |
| | a Management | | | | |
| | Legal | 3,292,403 | | | |
| | c Accounting | 85,525 | | | |
| | d Lobbying | | | | |
| | e Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | 252,187 | | <u> </u> | |
| | Other (If line 11g amount exceeds 10% of line 25, column | 27,575,978 | | | |
| • | (A) amount, list line 11g expenses on Schedule O) | 2,,3,3,5,70 | | | |
| 12 | Advertising and promotion | 2,089,573 | | | |
| 13 | Office expenses | 1,855,055 | | | |
| 14 | Information technology | 3,732,907 | | | |
| 15 | Royalties | | | | |
| | Occupancy | 7,916,766 | | | |
| | Travel | 2,795,493 | | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | 3,457,432 | | | |
| | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,395,638 | | | |
| 23 | Insurance | 324,608 | | | |
| 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 RESEARCH | 7,370,882 | | | |
| | b PANEL MANAGEMENT EXPENS | 7,026,070 | | | |
| | c PUBLIC POLICY | 3,151,754 | | | |
| | d SUBSCRIPTIONS | 722,487 | | | |
| | e All other expenses | 2,465,058 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 128,437,437 | | | |
| 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). | | | | |
| | | | | | Form 000 (2010) |

Form 990 (2019)

Fund Balances

ō 29

Assets 30

27

28

31

32

33

12,411,481

6,693,138

2,825,112

5,622,592

90,120,377

28.780.343

1,746,165

148,199,208

12,647,958

63.597.970

11,973,562

88.219.490

59,979,718

59,979,718

148,199,208

Form 990 (2019)

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12 13

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31

32

33

1,517,405

6,218,488

91,422,470

20.117.840

3,062,227

133,959,743

11,479,369

58.071.919

14,318,278

83.869.566

50,090,177

50,090,177

133,959,743

Page **11**

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

| | | Beginning of year | | Ena ot |
|---|--|-------------------|----|--------|
| 1 | Cash-non-interest-bearing | | 1 | |
| 2 | Savings and temporary cash investments | 8,913,745 | 2 | |
| 3 | Pledges and grants receivable net | | 'n | |

16,306,345

10,683,753

Pledges and grants receivable, net 🔒 2.707.568 Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, 5

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Assets

Notes and loans receivable, net . . . Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

10a 10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11

b Less: accumulated depreciation 11 12 13 14 Intangible assets .

Other assets. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses

15 16 17 18 Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

19 20 21 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Liabilities 23 24

25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

26

Total liabilities. Add lines 17 through 25 . .

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

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties

3a

3h

No

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

ACC CREATED AND LAUNCHED THE CHEMICAL FACILITY SAFETY INITIATIVE, TO INCREASE AIR MONITORING CAPABILITIES, MITIGATE RISKS FOR ABOVEGROUND STORAGE TANKS, AID COMPANIES WITH ROBUST AND EFFECTIVE COMMERCIAL PARTNER SELECTION AND REVIEW, AND UPDATE EMERGENCY RESPONSE AND

Software Version:

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 990 (2019)

PREPAREDNESS INFORMATION.

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: ACC HELPED SECURE INTRODUCTION OF THE BIPARTISAN SAVE OUR SEAS 2.0 ACT, LEGISLATION THAT WOULD HELP CLEANUP AND PROTECT OUR ENVIRONMENT WHILE AIDING SCIENTISTS AND AGENCIES IN IDENTIFYING INNOVATIVE WAYS TO REPURPOSE USED PLASTICS AND TO STUDY TECHNOLOGIES FOR CONVERTING THESE

MATERIALS INTO RESOURCES FOR NEW MANUFACTURING.

Form 990, Part III, Line 4c: ACC HELPED ADVANCE THE U.S.-MEXICO-CANADA AGREEMENT, PAVING THE WAY FOR ITS RATIFICATION IN JANUARY OF 2020.

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

| | any hours | and | a dir | recto | | rustee) | | 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 |
| JERRY MACCLEARY CHAIRMAN OF THE BOARD | 1.00 | х | | х | | | | 0 | 0 | 0 |
| MARK VERGNANO CHAIRMAN OF THE EXECUTIVE COMMITTEE | 1.00 | х | | х | | | | 0 | 0 | 0 |
| JIM FITTERLING VICE CHAIRMAN OF THE BOARD | 1.00 | х | | х | | | | 0 | 0 | 0 |
| BHAVESH V BOB PATEL IMM. PAST CHAIRMAN OF THE BOARD | 1.00 | х | | Х | | | | 0 | 0 | 0 |

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| JIM FITTERLING |
|---------------------------------|
| VICE CHAIRMAN OF THE BOARD |
| BHAVESH V BOB PATEL |
| IMM. PAST CHAIRMAN OF THE BOARD |
| GREGORY ADAMS |

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BOARD MEMBER

BOARD MEMBER

FRANK BOZICH

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

THOMAS CASPARIE

INGA CARUS

PIERRE BRONDEAU

CHRISTOPHE BECK

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

| | l arry flours | | | | | , | (14, 2,4,000 | (14/ 2/4 200 | annonimation 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 |
| DEAN CORDLE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARK COSTA BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| BRAD CROCKER BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| JOHN FISCHER | 1.00 | Х | | | | | | 0 | 0 | 0 |

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| BRAD CROCKER |
|---------------|
| BOARD MEMBER |
| JOHN FISCHER |
| BOARD MEMBER |
| KEVIN FOGARTY |

BOARD MEMBER

RAJEEV GAUTAM

BOARD MEMBER

........ BOARD MEMBER

MICHAEL J GRAFF

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BURNIS BJ HEBERT

GINA HARM

AB GHOSH

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

| | any hours | and | a dir | recto | r/tr | ustee) |) | organization | organizations | from the | |
|--------------------------------|---|-----|-----------------------|-------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| PETER HUNTSMAN BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| ERIN KANE BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| TODD KARRAN | 1.00 | х | | | | | | 0 | 0 | 0 | |

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| TODD KARKAN | |
|--------------|------|
| BOARD MEMBER | |
| SEAN KEOHANE | 1.00 |
| BOARD MEMBER | |
| LUKE KISSAM | 1.00 |
| BOARD MEMBER | |

MARK KRAMER

BOARD MEMBER

MICHAEL LACEY

MARK LASHIER

BOARD MEMBER

BOARD MEMBER

PHIL MCDIVITT

BOARD MEMBER

SUSAN LEWIS

........ BOARD MEMBER

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

| | any hours | and | a di | recto | or/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 | |
| KAREN MCKEE BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| PHIL MILLER BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| JAMES MOFFATT BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| 1IM M NICHOLSON | 1.00 | | | | | | | | | | |

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| BOARD MEMBER | | ^ | | | 9 | |
|-----------------|------|----|--|--|---|--|
| JAMES MOFFATT | 1.00 | X | | | 0 | |
| BOARD MEMBER | | Α. | | | 3 | |
| JIM M NICHOLSON | 1.00 | X | | | 0 | |
| BOARD MEMBER | | | | | 9 | |
| MARK NIKOLICH | 1.00 | | | | | |

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and Independent Contractors

BOARD MEMBER

ANNE NOONAN

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JOHN J PARO

JOHN PANICHELLA

ANTONIS PAPADOURAKIS

JIM OWENS

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

| · ' | 1, | """ " """ """ | | | | | | (11) | (14) 2/4 000 | | |
|--------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | 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 | |
| DARYL ROBERTS BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 | |
| CRAIG ROGERSON BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 | |
| JOHN ROLANDO BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 | |
| RICHARD ROWE BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 | |

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BOARD MEMBER LORI RYERKERK

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WAYNE SMITH

BOARD MEMBER

QUINN STEPAN

BOARD MEMBER

BOARD MEMBER

VINCENT STOQUART

THOMAS L SHEPHERD

.........

ERIC SCHNUR

(A) (B) (C) (D) (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 for related (W- 2/1099-(W- 2/1099organization and

| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------|-------|-----------------------|
| MICHAEL WILSON BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| BILL WULFSOHN BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 |
| CALVIN M DOOLEY PRESIDENT AND CEO THRU 01/2020 | 38.00 | | | х | | | | 4,417,800 | 0 | 726,027 |
| CHRISTOPHER L JAHN PRESIDENT AND CEO FROM 10/2019 | 38.00 | | | х | | | | 193,824 | 0 | 20,054 |
| DAVMOND 1 O'RDVAN | 38.00 | | | | | | | | | |

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418,041

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139,292

143,023

93,083

123,162

125,344

70,782

RAYMOND J O'BRYAN CFO, CAO, TREASURER

......

VICE PRESIDENT, GENERAL COUNSEL

....... EVP, COMMUNICATIONS

VP, CHEMICAL PRODUCTS & TE

VP, HR & ADMINISTRATION

DELL E PERELMAN

ANNE W KOLTON

STEVEN K RUSSELL

ROBERT J SIMON JR

NACOLE B HINTON

VP, PLASTICS

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated 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 dir | ecto | r/tr | ustee |) | organization | organizations (W- 2/1099- MISC) | from the organization and related organizations |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|---------------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | | |
| JOHN D MODINE CHIEF EXECUTIVE, CHEMTREC | 38.00 | | | | х | | | 487,210 | 0 | 77,985 |
| MICHAEL P WALLS VP, REG AND TECH AFFAIRS | 38.00 | | | | | х | | 569,538 | 0 | 177,676 |
| BRYAN D ZUMWALT VP, FEDERAL AFFAIRS | 38.00 | | | | | х | | 411,750 | 0 | 37,967 |

| MICHAEL P WALLS | 38.00 | | | × | 569,538 | 0 | 177,676 |
|--------------------------|-------|--|--|---|---------|---|---------|
| VP, REG AND TECH AFFAIRS | | | | ^ | 303,330 | 0 | 1,7,0,0 |
| BRYAN D ZUMWALT | 38.00 | | | × | 411,750 | 0 | 37,967 |
| VP. FEDERAL AFFAIRS | | | | ^ | 411,750 | Ŭ | 37,507 |

| VP, REG AND TECH AFFAIRS | | | | ^ | 309,336 | 0 | 1 |
|-------------------------------------|-------|--|--|---|---------|---|---|
| BRYAN D ZUMWALT VP, FEDERAL AFFAIRS | 38.00 | | | Х | 411,750 | 0 | |
| | | | | | | | |

| VP, REG AND TECH AFFAIRS | | | | | | | |
|--------------------------|-------|--|--|---|---------|---|----|
| BRYAN D ZUMWALT | 38.00 | | | Х | 411,750 | 0 | 3. |
| VP, FEDERAL AFFAIRS | | | | ^ | 411,730 | | J. |
| | 20.00 | | | | | | |

| BRYAN D ZUMWALI | | | | | | | | |
|---------------------|-------|--|--|---|---------|---|-----|-------|
| VP, FEDERAL AFFAIRS | ••••• | | | Х | 411,750 | U | 3 | 7,967 |
| RALPH R UNDERWOOD | 38.00 | | | | | | | |
| | | | | X | 423,616 | 0 | 110 | 0,794 |

424,015

318,024

66,717

64,009

| VP, FEDERAL AFFAIRS | | | | | | | |
|---------------------|-------|--|--|---|---------|---|--|
| RALPH R UNDERWOOD | 38.00 | | | × | 423,616 | C | |
| VP, STATE AFFAIRS | | | | ^ | 125,010 | J | |

38.00

38.00

DANIEL CHEBAT

SR. DIRECTOR, SALES & MARKETING

MANAGING DIR, PLASTICS MARKET

KEITH A CHRISTMAN

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493317015340

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | | es" on Form 990, Part IV, Line 3, | | 46 (Polit | tical Campai | gn Ac | tivities), the | n |
|-------------|--|---|--|--------------------------|---|--------|---|---|
| • 5 | ection 501(c)(3) organizations Section 501(c) (other than sec | s: Complete Parts I-A and B. Do notion 501(c)(3)) organizations: Con | ot complete Part I-C. oblete Parts I-A and C below T | o not co | mplete Part I- | В | | |
| • 5 | Section 527 organizations: Co | mplete Part I-A only. | | | | | | |
| | | es" on Form 990, Part IV, Line 4, | | | | | | |
| | | ns that have filed Form 5768 (elect ns that have NOT filed Form 5768 | | | | | | |
| | | es" on Form 990, Part IV, Line 5 | | | | | | |
| | xy Tax) (see separate instru | | | | | | | |
| | ne of the organization | rganizations: Complete Part III. | | | Employer id | lentif | fication num | ber |
| | RICAN CHEMISTRY COUNCIL | | | | | | | |
| Par | t I-A Complete if the | organization is exempt und | ler section 501(c) or is a | sectio | 53-0104410 n 527 o rga | niza | tion. | |
| 1 | Provide a description of the | organization's direct and indirect | | | | | | |
| _ | "political campaign activities | s") xpenditures (see instructions) | | | | | | 262.050 |
| 2 3 | | campaign activities (see instructions) | | | | ≯. | | 262,850 |
| | · · · · · · · · · · · · · · · · · · · | organization is exempt und | • | | | - | | |
| 1 | | cise tax incurred by the organizati | | | | | | |
| 2 | , | cise tax incurred by organization r | | | | | | |
| 3 | • | a section 4955 tax, did it file Forn | _ | | | ₽. | | |
| | _ | | · | | | | ☐ Yes | □ No |
| 4a | Was a correction made? | | | | | | ☐ Yes | ☐ No |
| b Date | If "Yes," describe in Part IV. TI-C Complete if the | organization is exempt und | lar caction EQ1(c) avear | st cocti | on E01/c)/ | 21 | | |
| | | | | | | - | | |
| 1 2 | • | xpended by the filing organization ng organization's funds contributed | | | | \$. | | |
| 2 | | ng organization's runds contributed | | | | \$. | | 262,850 |
| 3 | Total exempt function exper | nditures. Add lines 1 and 2. Enter | here and on Form 1120-POL, li | ne 17b | | \$ _ | | 262,850 |
| 4 | Did the filing organization fil | le Form 1120-POL for this year? | | | | | ✓ Yes | □ No |
| 5 | organization made payment of political contributions rec | and employer identification numb is. For each organization listed, en eived that were promptly and dire nmittee (PAC). If additional space | ter the amount paid from the f ctly delivered to a separate pol | iling orga itical org | anization's fur anization, suc | nds. A | lso enter the | |
| | (a) Name | (b) Address | (c) EIN | `fiĺir | Amount paid ng organizatio ds. If none, e -0 | n's | (e) Ampolitical confectived and directly to a separation organization | ntributions d promptly delivered te political n. If none, |
| 1 Se | e Additional Data Table | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| | aperwork Reduction Act Notice | see the instructions for Form 990 | or 990-EZ. Cat. N | lo. 500849 | S Schedule | C (Fo | rm 990 or 990 |)-EZ) 2019 |

PART I-A, LINE 1:

| Pa | Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)). | ed | | |
|-------|--|----------|----------|--------------|
| Sor e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (a | a) | (b) |
| activ | , | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 1 |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| е | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | 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 | | | 1 |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Pai | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | (5), o | r secti | on |
| | | | _ | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | L | 2 No |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 Yes |
| | 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 answered "Yes." | ÌIÍ-A, | | 8, is |
| 1 | Dues, assessments and similar amounts from members | 1 | | 89,867,588 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | |
| a | Current year | 2a | | 7,590,000 |
| b | Carryover from last year | 2b | | -5,600,390 |
| С | Total | 2c | | 1,989,610 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | | 8,986,759 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | -6,997,149 |
| P | art IV Supplemental Information | | | |
| Pro | ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information. | Part II- | A, lines | 1 and 2 (see |
| 1113 | Return Reference 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.

Additional Data

Software ID: Software Version:

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Form 990, Schedule C, Part 1-C, Line 5

| Form 990, Schedule C, Part 1-C | , Line 5 | | , | 1 |
|--|--|-----------|---|--|
| (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 |
| ADVANCE MINNESOTA | PO BOX 67 LAKE ELMO, MN 55042 | 831046844 | 3000 | |
| ANTONACCI FOR ACCOUNTABILITY | 6129 MCKINLEY RD BREWERTON, NY 13029 | 208694126 | 350 | |
| ASSEMBLY DEMOCRATIC CAMPAIGN COMMITTEE | PO BOX 814 MADISON, WI 53701 | 391269354 | 1000 | |
| BARVE FOR MARYLAND | 1688 E GUDE DRIVE SUITE 202 ROCKVILLE, MD 20850 | 521659731 | 1000 | |
| BILL BROUGH STATE ASSEMBLY 2020 | 9070 IRVINE CENTER DR 150 IRVINE, CA 92618 | 832808525 | 1000 | |
| BILL DODD FOR SENATE 2020 | 5429 MADISON AVENUE SACRAMENTO, CA 95841 | 814405702 | 1500 | |
| BILL QUIRK FOR ASSEMBLY 2020 | 1787 TRIBUTE RD SUITE K SACRAMENTO, CA 95815 | 832578157 | 1500 | |
| BLACK BEAR PAC INC | 1290 SUNCREST TOWNE CENTER MORGANTOWN, WV 26505 | 842018697 | 2500 | |
| BLANCA RUBIO FOR ASSEMBLY 2020 | 921 11TH STREET SUITE 904 SACRAMENTO, CA 95814 | 832506122 | 1000 | |
| BLUMENFIELD FOR CITY COUNCIL 2013- OFFICEHOLDER ACCOUNT | 16633 VENTURA BLVD 1008 ENCINO, CA 91436 | 463174500 | 800 | |
| BOQUIST LEADERSHIP FUND | 17080 BUTLER HILL ROAD DALLAS, OR 97301 | 204029917 | 1000 | |
| BRAD FOR GEORGIA SOS INC | 10945 STATE BRIDGE RD STE 401- 282 JOHNS CREEK, GA 30022 | 821213624 | 500 | |
| BRADY FOR SENATE INC | PO BOX 5314 BLOOMINGTON, IL 61702 | 272263966 | 1000 | |
| BRAMNICK FOR ASSEMBLY | 219 WATCHUNG FORK WESTFIELD, NJ 07090 | 462704100 | 1000 | |
| BUCCO FOR ASSEMBLY | 17 CONDIT ST SUCCASUNNA, NJ 07876 | 263296410 | 500 | |
| BURZICHELLI FOR ASSEMBLY | 150 WEST STATE STREET TRENTON, NJ 08608 | 900039489 | 1500 | |
| CADDY MCKEOWN FOR REPRESENTATIVE | PO BOX 42307 PORTLAND, OR 97242 | 371655095 | 1000 | |
| CAMPAIGN TO RE-ELECT PAT SULLIVAN | 26513 168TH PLACE COVINGTON, WA 98042 | 043679431 | 1000 | |
| CHAD MAYES FOR ASSEMBLY | 921 11TH STREET SUITE 701 SACRAMENTO, CA 95814 | 833559923 | 1000 | |
| CHAFIN FOR SENATE | 44 EAST MAIN STREET PO BOX 1210 LEBANON, VA 24266 | 471062440 | 500 | |
| CHERI HELT FOR STATE REPRESENTATIVE | PO BOX 1992 BEND, OR 97709 | 824196733 | 1000 | |
| CHIARAVALLOTI FOR ASSEMBLY | 470 BROADWAY SUITE 305 BAYONNE, NJ 07002 | 472884374 | 500 | |
| CHRISTY SMITH FOR ASSEMBLY 2020 | 728 W EDNA PLACO COVINA, CA 91722 | 832644292 | 1000 | |
| CITIZENS FOR ANDREW CASSILLY | 616 CALVARY RD CHURCHVILLE, MD 21028 | 463529475 | 200 | |
| CITIZENS FOR BRIAN CHISHOLM | 258 MOREAU LANE SEVERNA PARK, MD 21146 | 464639983 | 100 | |
| CITIZENS FOR BRIAN FELDMAN | 12110 LITTLE CREEK DRIVE POTOMAC, MD 20854 | 522344445 | 250 | |
| CITIZENS FOR CATHY CLOUTIER | 2404 HEATHER ROAD EAST WILMINGTON, DE 19803 | 912068279 | 600 | |
| CITIZENS FOR CHARLIE MEIER | 203 S ABBY RD OKAWVILLE, IL 62271 | 453985903 | 500 | |
| CITIZENS FOR DELORES KELLEY | PO BOX 21514 BALTIMORE, MD 21282 | 521746809 | 250 | |
| CITIZENS FOR HAMMOND | 333 D N LAFAYETTE ST MACOMB, IL 61455 | 464763917 | 500 | |

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 -0-. and promptly and directly delivered to a separate political organization. If none, enter -0-. CITIZENS FOR MATT MORGAN PO BOX 136 272225019 200 CHARLOTTE HALL, MD 20622 CITIZENS FOR MAZZOCHI 156 S SUNNYSIDE AVE 472506638 500 ELMHURST, IL 60126 CITIZENS FOR SAAB 2120 BELL TOWER DR 342047892 200 CROWNSVILLE, MD 21032 CITIZENS TO ELECT CARL WILSON 560A NE F STREET 442 465037382 1000 GRANTS PASS, OR 97526 CITIZENS TO ELECT MIKE MARRON 22239 N 100 E RD 830518181 500 FITHIAN, IL 61844 CITIZENS TO ELECT MIKE STEELE PO BOX 1072 CHELAN, WA 98816 812608262 500 COMMITTEE TO ELECT A REPUBLICAN PO BOX 2741 391517505 2500 SENATE MADISON, WI 53701 COMMITTEE TO ELECT BILL CARSON 46 EAGLE DRIVE 770702159 600 REHOBOTH BEACH, DE 19971 128 NORTH MAIN STREET LUTHERSVILLE, GA 30251 COMMITTEE TO ELECT BOB TRAMMELL INC 465031297 750 COMMITTEE TO ELECT BRUCE WILLIAMSON INC PO BOX 1879 812666360 750 MONROE, GA 30655 COMMITTEE TO ELECT BUTCH MILLER PO BOX 7475 270692512 1000 CHESTNUT MOUNTAIN, GA 30502 COMMITTEE TO ELECT DANIEL BONHAM PO BOX 2142 823746496 1000 THE DALLES, OR 97058 COMMITTEE TO ELECT DAVID BENTZ 7 DASHER AVE 474582170 600 BEAR, DE 19701 COMMITTEE TO ELECT HEATH VANNATTER 2709 SEATTLE SLEW LN 822171112 500 KOKOMO, IN 46901 COMMITTEE TO ELECT JACQUELIN MAYCUMBER 127 N WYNNE ST 821133084 1000 COLVILLE, WA 99114 COMMITTEE TO ELECT JAKE FEY PO BOX 1372 861121642 500 TACOMA, WA 98401 COMMITTEE TO ELECT JAN TANKERSLEY PO BOX 187 811740983 750 BROOKLET, GA 30415 COMMITTEE TO ELECT JEFF MULLIS 212 ENGLISH AVENUE 912064475 1000 CHICKAMAUGA, GA 30707 COMMITTEE TO ELECT JOEL KRETZ PO BOX 164 ADDY, WA 99101 721573462 1000 COMMITTEE TO ELECT JT WILCOX PO BOX 747 270758934 1000 MCKENNA, WA 98558 COMMITTEE TO ELECT KEITH GOEHNER PO BOX 38 830585425 500 LEAVENWORTH, WA 98826 COMMITTEE TO ELECT LOU D'ALLESANDRO 332 ST JAMES AVE 020519208 250 MANCHETSER, NH 03102 COMMITTEE TO ELECT M TERESA RUIZ 12 NORTH STATE ROUTE 17 SUITE 823058628 500 320 PARAMUS, NJ 07652 COMMITTEE TO ELECT MARY DYE 127 N WYNNE ST 474064112 1000 COLVILLE, WA 99114 COMMITTEE TO ELECT PARADEE 22 BELL MINER CT 823550413 600 DOVER, DE 19904 PO BOX 736 SOUTH PLAINFIELD, NJ 07080 COMMITTEE TO ELECT PATRICK DIEGNAN 223804939 500 COMMITTEE TO ELECT RAY SEIGFRIED 2210 HILLSIDE ROAD 824992124 600 WILMINGTON, DE 19810 COMMITTEE TO ELECT SANDRA BOLDEN 12 NORTH STATE ROUTE 17 SUITE 260612312 500 CUNNINGHAM FOR SENATE 320 PARAMUS, NJ 07652 COMMITTEE TO ELECT TOM DENT 601 S PIONEER WAY STE F PMB 396 464970913 500 MOSES LAKE, WA 98837 COMMITTEE TO RE-ELECT BRIAN BLAKE PO BOX 1541 1000 870699800

LONGVIEW, WA 98632

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| HOUSE REPUBLICAN CAMPAIGN COMMITTEE | 101 W OHIO ST SUITE 2200 INDIANAPOLIS, IN 46204 | 351470780 | 1500 | |
|--|--|-----------|------|--|
| HOUSE REPUBLICAN FUND | PO BOX 5629 AUGUSTA, ME 04332 | 364860692 | 1000 | |
| IOWA FIRST FUND | 521 E LOCUST ST SUITE 302 DES MOINES, IA 50309 | 842210613 | 5000 | |
| JANICE HAHN FOR SUPERVISOR 2020 | 777 S FIGUEROA STREET SUITE 4050 LOS ANGELES, CA 90017 | 832658272 | 1500 | |
| JIM COOPER FOR ASSEMBLY 2020 | 921 11TH ST SUITE 904 SACRAMENTO, CA 95814 | 832529741 | 1000 | |
| JIM WOOD FOR ASSEMBLY 2020 | 1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815 | 832576423 | 1000 | |
| JOBS FOR FLORIDA | 1103 HAYS STREET TALLAHASSEE, FL 32301 | 455496836 | 5000 | |
| JOHN BRAUN FOR STATE SENATE | 1955 SALZER VALLEY RD CENTRALIA, WA 98531 | 455101339 | 1000 | |
| JOHN CARSON FOR GA HOUSE | 3605 SANDY PLAINS RD STE 240- 123 MARIETTA, GA 30066 | 452958600 | 500 | |
| JOHN FLANDERS KENNEDY FOR STATE SENATE DISTRICT NO 18 | DISTRICT NO 18 PO BOX 6236 MACON, GA 31208 | 463964182 | 750 | |
| JOHN LEE FOR CITY COUNCIL 2019 RUNOFF | PO BOX 7456 NORTHRIDGE, CA 91327 | 842051253 | 800 | |
| JOHN LEE FOR CITY COUNCIL 2020 | PO BOX 7456 NORTHRIDGE, CA 91327 | 842792050 | 800 | |
| JOHNSON FOR ASSEMBLY | PO BOX 14 TENAFLY, NJ 07670 | 812863785 | 500 | |
| JORDAN CUNNINGHAM FOR ASSEMBLY 2020 | 1355 HALYARD DR STE 120 WEST SACRAMENTO, CA 95691 | 472808233 | 1000 | |
| JOSE MEDINA FOR ASSEMBLY 2020 | 1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815 | 832825251 | 1000 | |
| KAMINSKY FOR NEW YORK | SUITE 320E ROCKVILLE CENTRE, NY 11570 | 810942016 | 1000 | |
| KATHRYN BARGER FOR SUPERVISOR 2020 | 777 S FIGUEROA ST SUITE 4050 LOS ANGELES, CA 90017 | 832755105 | 1500 | |
| KEMP FOR GOVERNOR | 824 S MILLEDGE AVE SUITE 101 ATHENS, GA 30605 | 820949877 | 1500 | |
| KENNEDY FOR SENATE | 36 BRITT STREET BUFFALO, NY 14220 | 271486929 | 900 | |
| KEVIN KILEY FOR SENATE 2019 | 2150 RIVER PLAZA SUITE 150 SACRAMENTO, CA 95833 | 474034858 | 1000 | |
| | | | | |

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN (d) Amount of political Amount paid from filing organization's funds. If contributions received none, enter -0-. and promptly and directly delivered to a separate political organization. If none, enter -0-. KILGORE FOR HOUSE OF DELEGATES PO BOX 669 541998428 250 GATE CITY, VA 242510669 MADAME PRESIDENT PAC 91 ALEXANDER DRIVE 500 841950689 MANCHESTER, NH 03109 MAINE SENATE REPUBLICAN MAJORITY PO BOX 1 263733192 2000 AUGUSTA, ME 04332 MARK MULLET FOR SENATE 2525 NE PARK DRIVE A 454091046 500 ISSAQUAH, WA 98029 MARK RIDLEY THOMAS FOR CITY COUNCIL 777 S FIGUEROA ST SUITE 4050 833121822 800 2020 LOS ANGELES, CA 90017 MARKMESSMERCOM 795 E SCHERLE LN 500 020811101 JASPER, IN 47546 MARYLAND DEMOCRATIC SENATE CAUCUS COMMITTEE PO BOX 1886 464178664 500 ANNAPOLIS, MD 21404 MARYLAND SENATE REPUBLICAN CAUCUS COMMITTEE PO BOX 67 811036581 1000 ANNAPOLIS, MD 21401 MICHIGAN CITIZENS FOR FISCAL RESPONSIBILITY 106 W ALLEGAN STE 200 2000 271993953 LANSING, MI 48933 MICHIGAN OPPORTUNITY FUND 11728 GOLD FIELDS DR 371910468 500 GRAND LEDGE, MI 48837 MIDWEST ENTERPRISE GROUP PO BOX 1632 260697178 2500 DES MOINES, IA 50305 MIKE PADDEN FOR SENATE 13021 E 9TH AVE 275568154 1000 SPOKANE VALLEY, WA 99216 34 RANKIN ROAD NEWARK, DE 19711 MIKE SMITH FOR DELAWARE 471306118 600 MILLER FOR STATE REPRESENTATIVE 23267 CR 4 EAST 464354434 500 ELKHART, IN 46514 MINNESOTA JOBS COALITION 275 4TH STREET E SUITE 699 461726939 2000 ST PAUL, MN 55104 MORIARTY FOR ASSEMBLY PO BOX 1368 204567680 500 BLACKWOOD, NJ 080121368 MORSE FOR STATE SENATE 14 OLD FARM ROAD 273071602 500 SALEM, NH 03079 NEW JERSEY SENATE DEMOCRATIC PO BOX 2890 274755751 1000 MAJORITY HAMILTON SQUARE, NJ 08690 NEWSOM FOR CALIFORNIA GOVERNOR 1787 TRIBUTE ROAD SUITE K 832476129 5000 SACRAMENTO, CA 95815 NURY MARTINEZ FOR CITY COUNCIL 2020 777 S FIGUEROA STREET SUITE 833676314 800 4050 LOS ANGELES, CA 90017 NYS DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE 107 WASHINGTON AVE SUITE 1LL 133041656 5000 ALBANY, NY 12210 NYS DEMOCRATIC SENATE CAMPAIGN 111 WASHINGTON AVE 409 112924245 15000 COMMITTEE ALBANY, NY 12210 NYS SENATE REPUBLICAN CAMPAIGN COMMITTEE 152 WASHINGTON AVE SUITE 200 141743654 6000 ALBANY, NY 12210 PENNY HOUSTON CAMPAIGN FOR STATE 8395 HWY 129 475214182 1000 HOUSE NASHVILLE, GA 31639 PMB 118 19689 7TH AVE NE POULSBO, WA 98370 PEOPLE FOR CHRISTINE ROLFES 320172015 500 PEOPLE FOR JOE SCHMICK 450582705 500 PO BOX 620 COLFAX, WA 99111 PEOPLE FOR PENDERGRASS PO BOX 6711 521656546 750 COLUMBIA, MD 21045 POST OFFICE BOX 1066 FAIRFAX, VA 220381066 PETERSEN FOR STATE SENATE 760846380 250 PHILLIP CHEN FOR ASSEMBLY 2020 921 11TH STREET SUITE 701 832604908 1000 SACRAMENTO, CA 95814 PINKIN FOR ASSEMBLY 3 CROMMELIN COURT 473402916 1000 EAST BRUNSWICK, NJ 08816

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN (d) Amount paid from filing Amount of political organization's funds. If contributions received none, enter -0-. and promptly and directly delivered to a separate political organization. If none, enter -0-. PORTANTINO FOR SENATE 2020 249 E OCEAN BLVD STE 685 814623718 1500 LONG BEACH, CA 90802 PRIORITIES NOW 1210 N DEPOT ST 841864490 2500 KNOXVILLE, IA 50138 PROMOTE OREGON LEADERSHIP PAC PO BOX 2619 931047276 1000 SALEM, OR 97308 PROTECTING MICHIGANS FUTURE FUND PO BOX 10030 833961442 2000 LANSING, MI 48933 RALSTON FOR REPRESENTATIVE COMMITTEE INC PO BOX 1196 272894066 1000 BLUE RIDGE, GA 30513 REBECCA BAUER-KAHAN FOR ASSEMBLY 1121 L STREET SUITE 211 832713753 1000 SACRAMENTO, CA 95814 REELECT KEN COOLEY FOR ASSEMBLY 5429 MADISON AVENUE 832845135 1000 SACRAMENTO, CA 95841 REINVENT MICHIGAN FUND PO BOX 15161 451738314 500 LANSING, MI 48901 REPUBLICAN ASSEMBLY CAMPAIGN 315 STATE STREET 141713936 10500 COMMITTEE ALBANY, NY 12210 REPUBLICAN HOUSE CAUCUS COMMITTEE PO BOX 631 812528388 1000 ANNAPOLIS, MD 21404 REPUBLICAN PARTY OF FLORIDA - HOUSE 420 E JEFFERSON STREET 5000 590683241 MAJORITY TALLAHASSEE, FL 32301 RICHARD PAN FOR SENATE 2018 1787 TRIBUTE ROAD SUITE K 472574382 1000 SACRAMENTO, CA 95815 RODRIGUEZ FOR ASSEMBLY 2020 728 W EDNA PLACE 832628130 1000 COVINA, CA 91722 RUDY SALAS FOR ASSEMBLY 2020 456 ATLANTIC AVE 832993714 1000 SHAFTER, CA 93263 SCOTT MCKNIGHT CAMPAIGN INC 7160 RICHARDS DR 474577399 500 BATON ROUGE, LA 70809 SENATE COMMITTEE FOR MARK 1588 E ROSENOFF ROAD 043779321 1000 SCHOESLER RITZVILLE, WA 99169 SENATE DEMOCRATIC CAMPAIGN PO BOX 2207 010478979 500 COMMITTEE AUGUSTA, ME 04338 SENATE MAJORITY CAMPAIGN COMMITTEE PO BOX 2182 351519681 1500 INDIANAPOLIS, IN 46206 347 MT PLEASANT AVE SU 200 SENATOR CODEY ELECTION FUND 912068392 500 WEST ORANGE, NJ 07052 SENATOR GALGIANI OFFICEHOLDER 2016 PO BOX 279155 820802626 1000 SACRAMENTO, CA 65827 SHARON QUIRK-SILVA FOR ASSEMBLY 5429 MADISON AVENUE 832574114 1000 SACRAMENTO, CA 95841 STANLEY FOR SENATE 13508 BOOKER T WASHINGTOPN 273844452 500 HWY MONETA, VA 24121 STAR CITY PAC PO BOX 5341 822543333 500 AUGUSTA, ME 04332 STATE SENATE DEMOCRATIC COMMITTEE PO BOX 164 391381723 1000 MADISON, WI 53701 STEC FOR ASSEMBLY PO BOX 4668 454871516 250 QUEENSBURY, NY 12804 STUART FOR SENATE 114 POLK STREET PO BOX 1146 208916835 1000 MONTROSS, VA 22520 SUETTERLEIN FOR SENATE POST OFFICE BOX 20237 842722772 500 ROANOKE, VA 24018 SUSAN EGGMAN FOR SENATE 2020 2200-B DOUGLAS BLVD STE 140 834033253 2000 ROSEVILLE, CA 95661 SUSAN RUBIO FOR SENATE 2022 1787 TRIBUTE RD SUITE K 833141276 1500 SACRAMENTO, CA 95815 SWEENEY FOR SENATE 300 NORTH MARION AVENUE 113734672 1000 WENONAH, NJ 08090

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 -0-. and promptly and directly delivered to a separate political organization. If none, enter -0-. TALIAFERRO FOR ASSEMBLY **65 TROY AVENUE** 473819226 500 GIBBSTOWN, NJ 08027 TENNESSEE FIRST PO BOX 198136 912065816 5000 NASHVILLE, TN 37219 THE COMMITTEE TO ELECT TERRY 1060 OLD HOG MOUNTAIN ROAD 273090677 1000 ENGLAND INC AUBURN, GA 30011 THE LEADERSHIP FUND PO BOX 2168 931129428 1000 SALEM, OR 97308 TIM GRAYSON FOR ASSEMBLY 2020 1787 TRIBUTE ROAD SUITE K 832458743 1000 SACRAMENTO, CA 95815 TIM KNOPP FOR STATE SENATE PO BOX 6145 454698187 1000 BEND, OR 97708 TODD HUSTON FOR STATE PO BOX 1461 453368990 1000 REPRESENTATIVE INDIANAPOLIS, IN 46206 833147286 TOM DALY FOR ASSEMBLY 2020 555 CAPITOL MALL SUITE 400 1000 SACRAMENTO, CA 95814 TONY MENDOZA FOR SENATE 2018 3605 LONG BEACH BLVD SUITE 426 263145549 -100 LONG BEACH, CA 90807 TOWNSEND FOR DELAWARE SENATE PO BOX 7835 454193784 600 NEWARK, DE 19714 TYLER HARPER FOR GEORGIA PO BOX 798 460728841 1000 OCILLA, GA 31774 VAN VALKENBURG FOR DELEGATE PO BOX 28782 815053081 250 HENRICO, VA 23228 WALSH FOR THE 9TH 2607 BELAIRE DRIVE 813142728 600 WILMINGTON, DE 19808 WESSON FOR SUPERVISOR 2020 777 S FIGUEROA ST STE 4050 1500 832653666 LOS ANGELES, CA 90017 ZWICKER FOR ASSEMBLY PO BOX 191 473029268 500 KINGSTON, NJ 08628 AMERICAN CHEMISTRY COUNCIL 700 2D ST NW 364919555 67951 POLITICAL ACTION COMMITTE WASHINGTON, DC 20002 FRIENDS OF WILL BARCLAY BARCLAY DAMON TOWER 125 EAST 043658510 500 JEFFER

SYRACUSE, NY 13202

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317015340

OMB No. 1545-0047

2019

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | me of the organization RICAN CHEMISTRY COUNCIL | | Employer identification number |
|-----|--|---|--|
| AMI | RICAN CHEMISTRY COUNCIL | | 53-0104410 |
| Pa | organizations Maintaining Donor Adv | | Accounts. |
| | Complete if the organization answered "Ye | (a) Donor advised funds | (b) Funds and other accounts |
| L | Total number at end of year | | (c) and and once deceding |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 1 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex | | |
| 5 | Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit? | lonor advisors in writing that grant funds can be or or donor advisor, or for any other purpose co | e used only for |
| Pa | rt II Conservation Easements. Complete if the organization answered "Ye | es" on Form 990, Part IV, line 7. | |
| L | Purpose(s) of conservation easements held by the orga | anization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation | on or education) \square Preservation of an h | nistorically important land area |
| | Protection of natural habitat | ☐ Preservation of a ce | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation contribution in the form | n of a conservation Held at the End of 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 | fic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | uired after 7/25/06, and not on a historic | 2d |
| 3 | Number of conservation easements modified, transferred tax year ▶ | ed, released, extinguished, or terminated by th | ne organization during the |
| 1 | Number of states where property subject to conservation | on easement is located 🕨 | |
| 5 | Does the organization have a written policy regarding t and enforcement of the conservation easements it hold | | |
| 5 | Staff and volunteer hours devoted to monitoring, inspe | | ☐ Yes ☐ No servation easements during the year |
| | <u> </u> | | . Para sa |
| 7 | Amount of expenses incurred in monitoring, inspecting \$ \bigsup \$ | , nandling of violations, and enforcing conserva | ation easements during the year |
| 3 | Does each conservation easement reported on line $2(d$ and section $170(h)(4)(B)(ii)$? | | 0(h)(4)(B)(i) |
| 9 | In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the | e footnote to the organization's financial statem | se statement, and |
| ar | the organization's accounting for conservation easement IIII Organizations Maintaining Collections | of Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 1 | · | |
| La | art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina | r public exhibition, education, or research in fur | |
| 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: | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | ▶\$ |
| | i)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 | rical treasures, or other similar assets for financ | • |
| а | Revenue included on Form 990, Part VIII, line 1 | • | ▶\$ |
| b | Assets included in Form 990, Part X | | > \$ |

Cat. No. 52283D

Schedule D (Form 990) 2019

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

| Par | 3111 | Organizations Maintaining Co | llections of Art, H | istori | cal T | reas | ures, o | r Other | Similar As: | sets (contii | nued) |
|------------|---------|--|-------------------------|--------------|----------|---------|------------|-------------|----------------|---------------------|----------------|
| 3 | | g the organization's acquisition, accessic s (check all that apply): | on, and other records, | | any of | the f | ollowing t | hat are a | significant us | se of its colle | ection |
| а | | Public exhibition | | d | | Loar | n or exch | ange prog | ırams | | |
| b | | Scholarly research | | е | | Othe | er | | | | |
| c | | Preservation for future generations | | | | | | | | | |
| 4 | | de a description of the organization's co | llections and explain h | ow the | ey furtl | her th | ne organiz | zation's ex | kempt purpos | e in | |
| 5 | | AIII. ng the year, did the organization solicit on the sold to raise funds rather than t | | | | | | | | ☐ Yes | □ No |
| Pai | rt IV | Escrow and Custodial Arrange Complete if the organization ans X, line 21. | | n 990 | , Part | IV, | line 9, o | r reporte | ed an amour | | |
| 1a | | e organization an agent, trustee, custod ded on Form 990, Part X? | | | | | | | | Yes | □ No |
| b | If "Ye | es," explain the arrangement in Part XII | I and complete the fol | lowina | table: | | | | An | nount | |
| С | | nning balance | | _ | | | | 1c | | | |
| d | - | ions during the year | | | | | | 1d | | | |
| е | | ibutions during the year | | | | | | 1e | | | |
| f | | ng balance | | | | | | 1f | | | |
| 2a | Did tl | he organization include an amount on F | orm 990, Part X, line 2 | 21, for | escrov | vorc | ustodial a | ccount lia | ability? | ☐ Yes | □ No |
| b | If "Y∈ | es," explain the arrangement in Part XII | I. Check here if the ex | planati | ion has | s beer | n provide | d in Part : | XIII | | |
| Pa | rt V | Endowment Funds. | | | | | | | | | |
| | | Complete if the organization ans | | | | | | | I | 1 | |
| 1 - | Dogina | sing of year halance | (a) Current year | (b) P | rior yea | ar | (c) Two y | ears back | (d) Three year | rs back (e) F | our years back |
| | - | ning of year balance | | | | | | | | | |
| | | butions | | | | | | | | | |
| | | vestment earnings, gains, and losses | | | | | | | | | |
| | | s or scholarships | | | | | | | | | |
| | and pr | expenditures for facilities ograms | | | | | | | | | |
| | | istrative expenses | | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 | | de the estimated percentage of the curi | ent year end balance | (line 1 | g, colu | mn (a | a)) held a | s: | | | |
| а | | d designated or quasi-endowment > | | | | | | | | | |
| b | Perm | anent endowment > | | | | | | | | | |
| C | | oorarily restricted endowment > | | | | | | | | | |
| | | percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | |
| 3a | orgar | here endowment funds not in the posse nization by: nrelated organizations | _ | on that | t are h | eld ai | nd admin | istered fo | r the | 3a(i) | Yes No |
| | | related organizations | | | • | | • • | | | 3a(ii) | |
| b | | es on 3a(ii), are the related organization | | | | | | | | 3b | |
| 4 | | ribe in Part XIII the intended uses of the | | | | | | | | | <u> </u> |
| Pai | rt VI | Land, Buildings, and Equipme | nt. | | | | | | | | |
| | | Complete if the organization ans | | | | | | | | | |
| | Descr | iption of property (a) Cost or of (investm | | or other | basis (| other) | (c) Acc | umulated o | lepreciation | (d) Bo | ook value |
| 1 a | Land | | | | | | | | | | |
| b | Buildin | ngs | | | | | | | | | |
| c | Leaseh | nold improvements | | | 10,3 | 16,573 | 3 | | 6,102,406 | | 4,214,167 |
| d | Equipn | nent | | | 3,1 | 28,950 | | | 2,425,566 | | 703,384 |
| | | | | | | 60,822 | | | 2,155,781 | | 705,041 |
| Tota | I. Add | lines 1a through 1e. (Column (d) must | equal Form 990, Part . | X, colu | mn (B |), line | 10(c).) | | > | | 5,622,592 |

| Part VII Investments—Other Securities. Complete if the organization answered "Yes" on | Form 990 Part IV | ne 11h See Form 000 | Part Y line 12 |
|--|------------------------|------------------------|---|
| (a) Description of security or category | (b) Book value | (c) Meth | nod of valuation: |
| (including name of security) (1) Financial derivatives | | Cost or end- | of-year market value |
| (2) Closely-held equity interests | | | |
| (A) MULTI-STRATEGY HEDGE FUND | 4,993,255 | | F |
| (B) INTERNATIONAL EQUITY MUTUAL FUND | 5,708,923 | | F |
| (C) SMALL CAP MUTUAL FUND | 2,514,011 | | F |
| (D) 40668.271-ISHARES S&P 500 INDEX FD CL G (BSPGX) | 15,564,154 | | F |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. | 28,780,343 | | |
| Complete if the organization answered 'Yes' on | Form 990, Part IV, li | | |
| (a) Description of investment | | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | value |
| (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. | Farma 000 Bart IV live | · | - 1 × P - 45 |
| Complete if the organization answered 'Yes' on F (a) Description | | e 110. See Form 990, P | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | | . • |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on F | | e 11e or 11f.See Forr | |
| (a) Description of (1) Federal income taxes | liability | | (b) Book value |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | | | ▶ 11,973,562 |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text | | | |

2

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Schedule D (Form 990) 2019

Page 4

132,870,744

10,895,232

121,975,512

123,652,306

-3,977,033

808,098

128.437.437

Schedule D (Form 990) 2019

127,629,339

Donated services and use of facilities 2b b 2c d Other (Describe in Part XIII.) 2d 2.376.684 e 2e

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

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

Supplemental Information

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 . . .

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Subtract line **2e** from line **1**

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

8.518.548

-3,977,033

252,188 555.910

2a

2a 2b

2c

2d

4a

4b

Explanation

3

2e

3

4c

5

4a 252,188 4b 7,580,728 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

| nts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
|---|----------|---------|--------------|-------|-------------|
| ment expenses not included on Form 990, Part VIII, line 7b . | 4a | | 252,188 | | |
| (Describe in Part XIII.) | 4b | | 7,580,728 | | |
| nes 4a and 4b | | | | | 7,832,916 |
| revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 5 | 129,808,428 |
| Reconciliation of Expenses per Audited Financial Statem | | | penses per R | eturi | 1. |
| Complete if the organization answered 'Yes' on Form 990, Part | : IV, li | ne 12a. | | | |

| chedule D (Form 990) 2019 | Page 5 |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID: **Software Version:**

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

Explanation

IL'S TAX POSITIONS AND HAS CONCLUDED THAT THE COUNCIL HAS TAKEN NO UNCERTAIN TAX POSITIONS

Supplemental Information Return Reference

| 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, 2019. 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 CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE COUNCIL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX SENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIM ATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND ACCOUNTING IN I NTERIM PERIODS. THE TAX CUTS AND JOBS ACT (TCJA) RESULTED IN REVISIONS TO THE TAX CODE REL ATED TO TAX-EXEMPT ORGANIZATIONS INCLUDING EXCISE TAX PAYMENTS FOR EXECUTIVE COMPENSATION OVER \$1 MILLION AND CHANGES IN LINRELATED BUSINESS INCOME TAX OFFSETTING ACTIVITIES AND REL |
|-----------------|---|
| | ATED TO TAX-EXEMPT ORGANIZATIONS INCLUDING EXCISE TAX PAYMENTS FOR EXECUTIVE COMPENSATION OVER \$1 MILLION AND CHANGES IN UNRELATED BUSINESS INCOME TAX OFFSETTING ACTIVITIES AND REL |
| | ATED TAXES. UNDER THE PROVISION, THE COUNCIL HAS ACCRUED \$715,000 FOR EXCISE TAX PAYMENTS AS OF DECEMBER 31, 2019. THIS AMOUNT IS INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED LIABILITI ES IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. MANAGEMENT HAS EVALUATED THE COUNC |

THAT REQUIRE DISCLOSURE.

| upplemental Information | | | | | | | |
|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | AFFILIATE INCOME INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 2,376,684. | | | | | | |

Supplemental Information Return Reference Explanation CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE 7,024,818. SEPARATE PROGRAMS INCLUDED IN LINE 2, PART VIII, PG 10 555,910. I ADJUSTMENTS:

PART XI, LINE 4B - OTHER

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| , | AFFILIATE EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 3,047,785. CHEMICAL PRODUCTS & TECHNOLOGY DIVISION REVENUE -7,024,818. |

| Supplemental Information | | | | | | | |
|---|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | SEPARATE PROGRAMS INCLUDED IN LINE 2, PART VIII, PG 10 555,910. | | | | | | |

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| efile GRAPHIC print - DO NOT PROCESS As Filed Data - | | | | | DLN: 93493317015340 | | | |
|--|------------------------------------|--|--|--|------------------------|---|--|--|
| SCHEDULE F | State | ement of A | Activities | Outside the Un | ited S | tates | OMB No. 1545-0047 | |
| (Form 990) | | _ | zation answered " ► Attach p gov/Form990 for i | | 2019 Open to Public | | | |
| Department of the Treasury Internal Revenue Service | | | | | Inspection | | | |
| Name of the organization | OLINGU | | | | | Employer ider | tification number | |
| AMERICAN CHEMISTRY C | OUNCIL | | | | | 53-0104410 | | |
| | nformation Part IV, line | | Outside the U | Jnited States. Comple | te if the | organization a | nswered "Yes" on | |
| other assistance, | the grantees' | eligibility for th | ie grants or assi | substantiate the amount stance, and the selection | | | ☐ Yes ☐ No | |
| 2 For grantmakers outside the United | | Part V the orga | anization's proce | edures for monitoring the | use of it | s grants and ot | her assistance | |
| 3 Activites per Region | n. (The followin | ng Part I, line 3 t | table can be dupli | icated if additional space is | needed.) |) | | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | program spe | vity listed in (d) is a service, describe ecific type of (s) in the region | (f) Total expenditures for and investments in the region | |
| See Add'l Data | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 3a Sub-total b Total from continuat | ion sheets to | 0 | | | | | 3,486,512 | |
| Part I | | 1 0 | | | | | 1 (1 | |

| | uplicated if addit | (c) Number of | | (a) Mannay of as -1- | (f) Amount of | (a) Decembring | (h) Math |
|----------------------------|--------------------|---------------|-----------------------------|------------------------------------|--|---|---|
| ype of grant or assistance | (b) Region | recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other |
| | | | | | | | |
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| Sched | dule F (Form 990) 2019 | | Page 4 |
|-------|---|-------|---------------|
| Par | Toreign 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; don't 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; don't file with Form 990) | ☐Yes | ✓ No |

| Schedule F | (Form 990) 2019 | Page 5 |
|--------------------|---|-------------------------------|
| Part V 990 Sche | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, lin amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information | method); Part III (accounting |
| | Return Reference | Explanation |
| PART III A | ACCOUNTING METHOD: | |

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND)

Software ID: Software Version:

EIN: 53-0104410

Name: AMERICAN CHEMISTRY COUNCIL

ADVOCACY/ADMIN

SUPPORT

1,670,166

| (a) Region | 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 | (†) lotal expenditures for region |
|---------------------------|-----------------------|--|--|--|--------------------------------------|
| EAST ASIA AND THE PACIFIC | 0 | 1 | PROGRAM SERVICES | ADVOCACY/ADMIN SUPPORT | 584,260 |

1 PROGRAM SERVICES

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) NORTH AMERICA 0 PROGRAM SERVICES ADVOCACY/ADMIN 945,798 SUPPORT SOUTH AMERICA 1 IPROGRAM SERVICES ADVOCACY/ADMIN 256,588 ISUPPORT

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) 0 PROGRAM SERVICES ADVOCACY/ADMIN 29,700 SOUTH ASIA ISUPPORT

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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

Governments and Individuals in the United States

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493317015340

Open to Public Inspection

| Internal Revenue Service | | P 40 to <u>ww</u> | 101 | the latest illiorillation | oiii | | |
|--|-------------------|------------------------------------|--|--|---|--|---------------------------------------|
| Name of the organization AMERICAN CHEMISTRY COUNCIL | | | | | | Employer identific | ation number |
| | | | | | | 53-0104410 | |
| | | and Assistance | | | | | |
| Does the organization mai the selection criteria used | | | | | | ce, and | ☑ Yes ☐ No |
| 2 Describe in Part IV the org | | | | | | | Ŭ les □ No |
| Part III Grants and Other | Assistance to Don | nestic Organizations a | and Domestic Governme ditional space is needed. | ents. Complete if the or | rganization answered "Yes | " on Form 990, Part IV, line | 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
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| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of sect3 Enter total number of other | . , . , | - | | | | | 4 |
| For Paperwork Reduction Act Noti | | | | Cat. No. 50055 | | | edule I (Form 990) 2019 |

Return Reference Explanation

PART I, LINE 2: AMERICAN CHEMISTRY COUNCIL IS NOT A GRANT-MAKING ORGANIZATION. AMERICAN CHEMISTRY COUNCIL PROVIDED OTHER ASSISTANCE TO VARIOUS

ORGANIZATIONS.

Additional Data

FOUNDATION FOR CHEMISTRY

RESEARCH AND INITIATIVES 700 SECOND STREET NE WASHINGTON, DC 20002 KEEP AMERICA BEAUTIFUL INC

1010 WASHINGTON BLVD

STAMFORD, CT 06901

Software Version: **EIN:** 53-0104410 Name: AMERICAN CHEMISTRY COUNCIL

Software ID:

| (a) Name and address or | (D) FIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of Valuation |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|
| organization | | if applicable | grant | cash | (book, FMV, appraisal, |
| or government | | | | assistance | other) |

501(C)(3)

501(C)(3)

| organization | if applicable | grant | cash | (book, FMV, appraisal, |
|---------------|---------------|-------|------------|------------------------|
| or government | | | assistance | other) |
| | | | | |

(g) Description of

RESEARCH SUPPORT

CONTRIBUTION FOR

2020 LITTER STUDY

52-1945222

13-1761633

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

non-cash assistance or assistance

(h) Purpose of grant

1,506,594

40,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) PREVENT CANCER 52-1429544 501(C)(3) 10.000 SPOSORSHIP FOR THE 2019 PREVENT CANCER

| 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314 | | | | | ANNUAL SPRING GALA AT \$10,000 LEVEL |
|--|------------|-----------|--------|--|---|
| MARCH OF DIMES | 13-1846366 | 501(C)(3) | 10,000 | | 2019 MARCH OF DIMES |

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

1550 CRYSTAL DR SUITE 1300 ARLINGTON, VA 22202

00 LEVEL RCH OF DIMES FOUNDATION IGOURMET GALA

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| Sch | nedule J | C | ompensat | ion Information | ОМ | B No. | 1545-0 | 0047 |
| (Form 990) | | | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | | | | • |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.go</u> | | r instructions and the latest inforn | nation. | | to Pub ectio | |
| Nar | me of the organiz | | | | Employer identificat | | | |
| AME | ERICAN CHEMISTRY | COUNCIL | | | 53-0104410 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ation | | | | | |
| | | | | | | | Yes | No |
| 1a | | | | f the following to or for a person listed by relevant information regarding thes | | | | |
| | | s or charter travel | | Housing allowance or residence for | personal use | | | |
| | | companions | 님 | Payments for business use of person | | | | |
| | | nification and gross-up paymen | ts 🔟 | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | ¥ | Personal services (e.g., maid, chauf | reur, cher) | | | |
| b | | | | follow a written policy regarding payove? If "No," complete Part III to expla | | 1 b | Yes | |
| 2 | | | | or allowing expenses incurred by all | - 1-2 | 2 | Yes | |
| | airectors, truste | ees, officers, including the CEO/ | executive Directo | or, regarding the items checked on Lin | le la? | | | |
| 3 | organization's C | CEO/Executive Director. Check a | ll that apply. Do | ed to establish the compensation of the not check any boxes for methods | | | | |
| | used by a relate | ed organization to establish com | pensation of the | CEO/Executive Director, but explain i | n Part III. | | | |
| | ✓ Compens | ation committee | | Written employment contract | | | | |
| | | ent compensation consultant | $\overline{\checkmark}$ | Compensation survey or study | | | | |
| | ✓ Form 990 | of other organizations | ✓ | Approval by the board or compensa- | tion committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ection A, line 1a, with respect to the fi | ling organization or a | | | |
| а | Receive a sever | ance payment or change-of-cor | ntrol payment? . | | | 4a | | No |
| b | | • • • | | lified retirement plan? | | 4b | Yes | |
| С | | | | 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 Part | : III. | | | |
| | Only 501 (-)(2 |) F01(-)(4) F01(-)(20 | \ | mount commists lines F 0 | | | | |
| 5 | | s), 501(c)(4), and 501(c)(29 ed on Form 990 Part VII Section | , , | the organization pay or accrue any | | | | |
| , | compensation c | ontingent on the revenues of: | on A, line 1a, ala | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 5a | | |
| b | = | | | | | 5b | | |
| | If "Yes," on line | 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 | n? | | | | 6a | | |
| b | Any related org | anization? | | | | 6b | | |
| | If "Yes," on line | 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | the organization provide any nonfixed art III | | 7 | | |
| 8 | subject to the ir | nitial contract exception describ | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de | | 8 | | |
| 9 | | | | presumption procedure described in | | 9 | | |
| For F | Paperwork Redu | uction Act Notice, see the In | structions for Fo | orm 990. Cat. No. 5 | 0053T Schedule J | (Form | 990) | 2019 |

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

| 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 to | tal amou | ınt of Fo | rm 990, Part VII, Se | ection A, line 1a, ap | | | | |
| (A) Name and Title | (| (B) Breakdown of W-2 and/or 1099-MISC compensation | | | and other | (D) Nontaxable benefits | columns | (F) Compensation in |
| | (i) comp | Base ensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | | |
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| Schedule J (Form 990) 2019 | Page 3 | | | | | |
|--|--|--|--|--|--|--|
| Part III Supplemental Inform | Part III Supplemental Information | | | | | |
| Provide the information, explanation, or | 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 \$6,544 THAT WAS TREATED AS TAXABLE INCOME. CALVIN DOOLEY RECEIVED PERSONAL SERVICE IN THE AMOUNT OF \$33,446 THAT WAS TREATED AS NON-TAXABLE INCOME. | | | | | |
| | FOLLOWING ARE THE EMPLOYEE DEFERRALS INTO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - 457(F): CALVIN M. DOOLEY - \$647,116 RAYMOND J. O'BRYAN - \$55,288 DELL PERELMAN - \$66,351 ANNE W. KOLTON - \$8,750 MICHAEL P. WALLS - \$93,365 STEVEN K. RUSSELL - \$50,000 ROBERT J. SIMON, JR \$50,000 RALPH R. UNDERWOOD - \$28,483 FOLLOWING ARE THE DISBURSEMENTS FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - 457(F): CALVIN M. DOOLEY - \$1,354,931 DELL PERELMAN - \$322,845 MICHAEL P. WALLS - \$39,069 BRYAN D. ZUMWALT - \$58,305 | | | | | |

Schedule 1 (Form 990) 2019

13KEITH A CHRISTMAN

MARKET

MANAGING DIR, PLASTICS

(i)

265,366

51,000

Software ID:

Software Version:

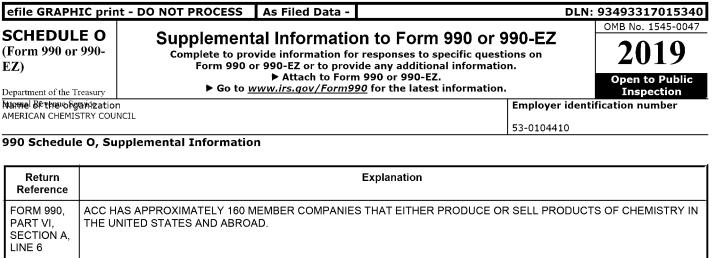
EIN: 53-0104410 Name: AMERICAN CHEMISTRY COUNCIL Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 1CALVIN M DOOLEY 1,901,229 1,143,223 1,373,348 699,716 36,875 5,154,391 1,354,931 PRESIDENT AND CEO THRU 01/2020 1CHRISTOPHER L JAHN 193,630 194 14,835 6,607 215,266 PRESIDENT AND CEO FROM 10/2019 2RAYMOND J O'BRYAN (i) 448,447 136,500 9,590 111,288 36,707 742,532 CFO, CAO, TREASURER 3DELL E PERELMAN (i) 460,098 156,043 369,368 122,351 25,829 1,133,689 322,845 VICE PRESIDENT, GENERAL COUNSEL 4ANNE W KOLTON (i) 544,598 192,500 918 61,350 37,162 836,528 EVP, COMMUNICATIONS **5**STEVEN K RUSSELL (i) 366,703 130,000 3,628 96,851 31,648 628,830 VP, PLASTICS 6ROBERT J SIMON JR (i) 327,686 100,500 1,763 92,860 37,617 560,426 VP, CHEMICAL PRODUCTS & **7**NACOLE B HINTON 319,874 97,000 42,182 493,915 1,167 33,692 VP, HR & ADMINISTRATION 8JOHN D MODINE (i)335,466 150,000 1,744 46,252 33,632 567,094 CHIEF EXECUTIVE, CHEMTREC 9MICHAEL P WALLS 402,386 122,000 45,152 151,365 31,741 752,644 39,069 VP, REG AND TECH AFFAIRS 10BRYAN D ZUMWALT (i) 302,618 3,746 109,132 37,967 453,463 58,305 VP, FEDERAL AFFAIRS 11RALPH R UNDERWOOD 320,872 98.000 4,744 84,483 28,128 536,227 VP, STATE AFFAIRS 12DANIEL CHEBAT (i) 282,904 140,546 565 42,393 25,924 492,332 SR. DIRECTOR, SALES & MARKETING

1,658

36,109

30,374

384,507



Return Explanation
Reference

LINE 7A

FORM 990, PART VI, SECTION A.

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7B

990 Schedule O, Supplemental Information Return Explanation

Reference

| FORM 990, | IN ACCORDANCE WITH THE COUNCIL'S BOARD APPROVED RESOLUTION. THE 2019 IRS FORM 990 WAS REVI |
|------------|--|
| PART VI, | EWED BY THE ACC BOARD FINANCE, AUDIT AND MEMBERSHIP COMMITTEE. THE BOARD FINANCE, AUDIT AN |
| SECTION B, | D 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 TIMELY |
| | 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 REFERRED INITIALLY TO THE PRESIDENT AND CEO. INFORMATION DISCLOSED UNDER THIS POLICY WILL BE HELD IN CONFIDENCE BY THE CHAIRMAN OF THE BOARD AND THE PRESIDENT AND CEO AND BY THOSE PERSONS THEY AUTHORIZE TO RECEIVE IT WHERE THE BEST INTERESTS OF THE ASSOCIATION REQUIRES FURTHER DISCLOSURE. THIS REVIEW PROCESS WILL BE REPORTED ANNUALLY TO THE BOARD BY THE CHAIRMAN. A DIRECTOR WHO HAS DECLAR ED OR HAS BEEN FOUND TO HAVE A CONFLICT-OF-INTEREST IN ANY PROPOSED TRANSACTION OR OTHER MATTER IS TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION OR OTHER MATTER IS TO REFRAIN FROM PARTICIPATING IN CONSIDERATION, AND IF SO REQUESTED BY THE CHAIR MAN OR ANY OTHER DIRECTOR NOT BEING PRESENT AT THE TIME OF THE VOTE. WITH RESPECT TO RESTRAINT ON PARTICIPATION BY EMPLOYEES THE PRESIDENT AND CEO IS TO TAKE SUCH ACTION AS IS NECE SSARY 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. |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE ACC COMPENSATION COMMITTEE IS COMPRISED OF THE ACC OFFICERS. THE COMPENSATION COMMITTE E REVIEWS THE PERFORMANCE AND SETS THE ANNUAL COMPENSATION OF THE ACC PRESIDENT AND CEO PU RSUANT TO AGREED UPON CONTRACTUAL TERMS. THE COMPENSATION COMMITTEE ALSO REVIEWS AND APPRO VES THE ANNUAL COMPENSATION AS RECOMMENDED BY THE PRESIDENT AND CEO FOR COVERED INDIVIDUAL S. COVERED INDIVIDUALS CONSIST OF CHIEF EMPLOYED EXECUTIVES, OFFICERS, VICE PRESIDENTS AND MANAGING DIRECTORS AS APPOINTED TO THE SENIOR STAFF TEAM BY THE PRESIDENT AND CEO. IN 201 8, THE COMPENSATION COMMITTEE REVIEWED PERFORMANCE, AWARDED THE BONUS, AND APPROVED THE 20 19 BASE COMPENSATION FOR THE PRESIDENT AND CEO. FOR THE REMAINING COVERED INDIVIDUALS, THE PRESIDENT AND CEO RECOMMENDED BONUSES AND 2019 BASE SALARIES TO THE COMPENSATION COMMITTE E USING A COMPREHENSIVE BENCHMARK STUDY THAT IS PERFORMED ON AN ANNUAL BASIS. THE RECOMMEN DATIONS OF THE PRESIDENT AND CEO WERE THEN APPROVED BY THE COMPENSATION COMMITTEE AT ITS N OVEMBER 2018 MEETING. |

Return Explanation
Reference

FORM 990, PART VI, AL STATEMENTS AVAILABLE TO THE PUBLIC, EXCEPT TO THE EXTENT REQUIRED BY LAW.

SECTION C, LINE 19

Return Explanation

| Reference | |
|-----------|--|
| | CONSULTING 26,430,846. AGENCY TEMPS 260,634. OTHER PROFESSIONAL FEES 811,998. SHARED EMPLOYEE SERVICES 72,500. |
| LINE 11G | |

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, ROUNDING ADJUSTMENTS 2. PART XI,

LINE 9:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493317015340

Open to Public Inspection

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |
| Name of the organization | |

(Form 990)

Employer identification number AMERICAN CHEMISTRY COUNCIL

| | | | | | | | 53-01 | .04410 | | | | |
|---|------------------|---------------------------|-----------|---|-------------------|----------------------------|--------------------------|-------------------------------------|-------------------|-----------------------------------|--------------------------|----------------------------|
| Part I Identification of Disregarded Entities. Comple | ete if the organ | ization ansv | ered "Yes | s" on Form | 990, Part | IV, line | 33. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b Primary | | (c) Legal domicile (state or foreign country) | | (d) Total income | | (e) End-of-year asse | | Direct co | f) ontrolling tity | |
| | | | | | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years | ar. | | | | | | | | ecause | | | |
| (a) Name, address, and EIN of related organization | Primai | (b) ry activity | Legal don | (c) nicile (state n country) | (d) Exempt Cod | le section | Public ch (if section | (e) arity status n 501(c)(3)) | Dir | (f) rect controlling entity | | 512(b) ntrolled ity? |
| (1)FOUNDATION FOR RESEARCH AND CHEMISTRY INITIATIVES 700 2ND STREET NE | RESEARCH | | , | VA | 501(C)(3) | | LINE 12B, | II | AMERICA COUNCI | AN CHEMISTRY L | Yes | No |
| WASHINGTON, DC 20002 52-1945222 | | | | | | | | | | | | |
| (2)AMERICAN CHEMISTRY COUNCIL POLITICAL ACTION COMMITTEE 700 2ND STREET NE | POLITICAL A | ACTIVITIES | , | VA | 527 | | | | AMERICA COUNCI | AN CHEMISTRY L | Yes | |
| WASHINGTON, DC 20002 36-4912955 | | | | | | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Fo | rm 990. | | Ca | t. No. 5013 | 5Y | | | | Sche | dule R (Form | 990) 20 | 19 |

| Part III Identification of Related Organization one or more related organizations treated | ons Taxable as a P ed as a partnership o | artnership. during the ta | Comple x year. | te if the or | ganization | answered " | Yes" on Forr | n 990, | Part I | V, line 34, | becau | ıse it h | ad |
|--|---|-------------------------------------|---|--|--|---|--|------------------------------------|----------------------------------|--|-------------------------------------|----------|--|
| (a) Name, address, and EIN of related organization | | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | unrelated excluded fr tax unde sections 5 | ated, total incor d, rom er | f Share of end-of-year assets | (h) Disproprtionat ar allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | alor Pe | (k) ercentage wnership |
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| Part IV Identification of Related Organization because it had one or more related organizations. | ons Taxable as a C anizations treated as | orporation a corporatio | or Trus n or tru | t. Complet st during t | e if the org he tax year | janization ar | nswered "Ye | s" on F | orm 9 | 90, Part IV | , line | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | Le don (state d | c) egal nicile or foreign ntry) | Direc | | (e) Type of entity C corp, S corp, or trust) | (f) Share of total income | | (g) of end- year assets | of- Percer owne | ntage | (13) | (i) lon 512(b) controlled entity? |
| | | | ,, | | | | | | | | | 16 | S NO |
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| Schedule R (Form 990) 2019 | | | Page 3 |
|--|--|------------|---------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Ye | s" 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. | | Ye | es 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) | | 1b Ye | s |
| 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) | | 1f | No |
| g Sale of assets to related organization(s) | | 1 g | No |
| h Purchase of assets from related organization(s) | | 1h | No |
| i Exchange of assets with related organization(s) | | 1i | No |
| ${f j}$ 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 | | 1p | 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 |
| ${f s}$ 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 lir | e, including covered relationships and transaction thresholds. | | |
| (a) | (b) (c) (d) | | |

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 exc | clusion for certain inv | estment p | artnerships. | | | | | | | • | | | |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----------|---|-----------|------|---------------------------------------|
| (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) | 0 | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations: | ate ? | (i) (j) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | ng | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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| Schedule R (Form 990) 2019 | | | | | | |
|----------------------------|--------------------------|--|--|--|--|--|
| Part VII | Supplemental Info | ormation | | | | |
| | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). | | | | |
| Retu | ırn Reference | Explanation | | | | |
| | | | | | | |