	2021	777
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	Z	
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For	, 9 (90	Return of Organization Exempt From Incon	ne Tax	ζ.		1545-0047
(Pay	/ Januai	rv 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr	nvate foun	dations	, 20	19
			▶ Do not enter social security numbers on this form as it may be made	de public./	Y. C	Open to	o Public
		of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	nation.	FOLK		ection
Ā	For the	e 2019 calen	dar year, or tax year beginning July 1 , 2019, and ending	June	30	, 20 20	
В	Check	f applicable	C Name of organization Society of Plastics Engineers; Color & Appearance Division	on	D Emplo	yer identificat	on number
	Address	s change	Doing business as			23-200443	2
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Teleph	one number	
	Initial re	eturn	c/o Bruce Mulholland 1825 KY Highway 2850			859-525-47	56
	Final ret	tum/terminated	City or town, state or province, country, and ZIP or foreign postal code				_
	Amende	ed return	Verona, KY 41092		G Gross	receipts \$	289,091
	Applica	tion pending	F Name and address of principal officer Mark Freshwater, chairperson	a) Is this a grou	up return fo	r subordinates?] Yes 🗹 No
				b) Are all su	bordinate	es included?]Yes 🗌 No
<u></u>	Tax-exe	empt status	√ 501(c)(3) √ (insert no) √ 4947(a)(1) or √ 527	If "No," at	ttach a lis	st (see instructi	ons)
ī	Websit	e: ► www.sp	ecad.org H(c) Group ex	emption	number 🕨	0827
		organization ✓		1942	M State	of legal domicil	e CT
Р	art I	Summa	<u></u>				
	1	-	cribe the organization's mission or most significant activities: Provide educ				
5			ring of plastics industry. This includes running technical conferences, suppor	ting local	univers	sities and pro	viding
Activities & Governance	١.		s for students				
ove.	2		box ▶ ☐ If the organization discontinued its operations or disposed of mo	ore than 2	1 1	its net asser	
Ğ	3		voting members of the governing body (Part VI, line 1a)		3		32
S	4				5		32
Viţi	5		per of individuals employed in calendar year 2019 (Part V, line 2a)	• •	6		0
Ć	6		per of volunteers (estimate if necessary)		\rightarrow		32
٩	7a		ated business revenue from Part VIII, columnir (C), line 12	• •	7a 7b		0
	b	net unrela	ed business taxable income from Form 990 C Late VIII .	Pnor Year	170	Current	<u>0</u>
	۰	Contributio	ons and grants (Part VIII, line 1h) Pervice revenue (Part VIII, line 2g) DEC 2 9 2020		15 600	Current	
Revenue	8		ns and grants (Part VIII, line 1h) S DEC 2 9 2020 Ö		15,600		5,026
Ϋ́	10		income (Part VIII, inle 29)		82,985		283,075
æ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 80, 95, 106, land 116)		1,221		990
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		99,806		289,091
_	13		I similar amounts paid (Part IX, column (A), lines 1-3)		73,000		65,250
	14		aid to or for members (Part IX, column (A), line 4)		73,000	·	03,230
us	15	•	her compensation, employee benefits (Part IX, column (A), lines 5-10)		0		
enses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	<u> </u>	<u>o</u>
per	b		aising expenses (Part IX, column (D), line 25)				<u>~</u>
Expe	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	57,961		229,275
	18		nses Add lines 13-17 (must equal Part IX, column (A), line 25)		30,961		294,525
	19	•	ss expenses Subtract line 18 from line 12		1,155)		(5,434)
e o				ing of Curre		End of	
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	7:	95,428		827,306
Ass d Ba	21		ties (Part X, line 26)		0		
F.	22	Net assets	or fund balances. Subtract line 21 from line 20	79	95,428		827,306
Pa	art II	Signatu	re Block				
			I declare that I have examined this return, including accompanying schedules and statements, e Declaration of preparer (other than officer) is based on all information of which preparer has an			y knowledge a	and belief, it is
		K	Soul		1/11/2	0	
Sig	gn 💮	Siturati	are of officer	Date			
He	re	1 B4	JCE MULHOLUND, TEMSURER	_			
		Type o	print name and title				
Pa	id	Print/Type	preparer's name Preparer's signature Date		Check [] if PTIN	
		r		:	self-emp	loyed	
Preparer Use Only Firm's name Firm's Ell							
<u></u>		Firm's add	ress ▶	Phone	no		
Ma	y the IF	RS discuss t	his return with the preparer shown above? (see instructions)			. 🗌 Ye	s 🗌 No
For	Paperv	work Reduct	on Act Notice, see the separate instructions. Cat No 1126	82Y		Form	n 990 (2019)

01111 33	0 (2013)	rage z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u>. · · </u>
•	Provide educational and technical programs for the coloring of plastics industry.	
	This includes running technical conferences, supporting local universities and providing scholarships for students	
		••••
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s 🗹 No
	prior Form 990 or 990-EZ?	3 🖳 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	s 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 173,735 including grants of \$) (Revenue \$ 283,	075)
	Annual Color & Appearance Division Technical Conferences (ANTEC & CAD RETEC)	
	- attended by ~500 people	·
		·
4b	(Code) (Expenses \$ 4,101 including grants of \$) (Revenue \$ 4,	
	Color & Appearance Division Newsletter and Website	
	- 3 published issues/year and sent to 1000+ people; website has thousands of hits.	
40	(Code: \/\text{Expanses \$\Phi} \\ \Expanses \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0)
4c	(Code:) (Expenses \$ 65,250 including grants of \$) (Revenue \$ Education Committee Programs	0)
	- SPE Student Support & Scholarships awarded by the Color & Appearance Division	
	- SPE education support of the PlastiVan program to reach elementary and high school students	
	- Offering archive conference technical papers on DVD as an educational resource	
4d	Other program services (Describe on Schedule O.)	 -
74	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 243,086	

XOOS

Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	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		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		- ✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
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	✓	

Form **990** (2019)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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		1
27	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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		>
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	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	✓	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_	Estable combana de Day O of Estable 2000 Estable 2000 de la		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		

<u>Part</u>	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 0			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	 		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c	+	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			√
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		✓
	· · · · · · · · · · · · · · · · · · ·	-111		
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		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		/
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		Ż
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	,	j	
а	Gross income from members or shareholders	i	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	·		
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	·		1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ĺ	ĺ	.
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			:
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	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?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\
	If "Yes," complete Form 4720, Schedule O			

Form **990** (2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	
Section	on A. Governing Body and Management	<u> </u>	<u> </u>	
<u> </u>	on A. deverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	=		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 3	2		
2 .	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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? If "Yes," provide the names and addresses on Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>rue C</u>	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لحيحا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	$\vdash \vdash$	V
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لا
а	The organization's CEO, Executive Director, or top management official	15a	$\vdash \vdash \vdash$	✓
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and resame as Heading , Section C	cords	<u> </u>	

Pag	

Part VII	Compensation of	Officers, Director	s. Trustees	. Kev Employees	. Highest	Compensated	Employees.	and
	Independent Cont		,		, 3	•		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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										
	(C)									
(A)	(B)	(do n	ot of		ition	e than o	220	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week	office	_			or/trus		compensation from the	compensation from related	of other compensation
	(list any	Individual I	Inst	Officer	Key ey	High	Former	organization	organizations	from the
	hours for related	rec	<u>इ</u>	ĕ	e m	nest lloye	eq	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	tor ta	nal		Key employee	e com				Tolatou organizationo
	below dotted line)	Individual trustee or director	Institutional trustee		8	Pen			•	
	dottod iiiloj	•	tee			Highest compensated employee				
(1) Earl Balthazar	1									
Director 2021	_	1	$oxed{oxed}$	Ĺ.,	Ĺ	<u> </u>	<u></u>	0	0	0
(2) Ed Ford	1									
Director 2021		1		L_	_	<u> </u>		0	0	0
(3) Jack Ladson	1	_								
Director 2021	<u> </u>	✓			_			0	0	0
(4) Bruce Mulholland	2	_			ĺ					
Director 2021 & Treasurer		✓	ļ	ļ				0	0	0
(5) Elizabeth Serdar	11				1			j .		
Director 2021	 -	✓					_		0	0
(6) Cheryl Treat	11	,								
Director 2021		✓		<u> </u>	<u> </u>	 -			0	0
(7) Kimberly Williamson	11					}		_	_	_
Director 2021		✓		_	_		<u> </u>	0	0	0
(8) Brian West	11	,								
Director 2021		✓				 -		0	0	. 0
(9) Scott Aumann	1	1		1						_
Director 2022		V			-			0	0	0
(10) Charles DePew	1	1								
Director 2022	1	_	-				-	0	0	0
(11) Jim Figaniak		1						o	0	
Director 2022 (12) Colin Green	1			├	\vdash		_			0
Director 2022	 	1						o	o	0
(42) 0	1	•	 	 		-	-			
Director 2022	<u>-</u>	1						0	0	o
(14) 0	1			-	\vdash					
Director 2022	<u> </u>	1						o	0	o
DILECTOL TATE		•	ш	L	Щ.		Ц			

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	plo	yees (co	ntinue	d)
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more that box, unless person is bofficer and a director/tr					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	n	Estimated of o	F) d amount other onsation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MI			n the ation and ganization	ıs
(15)	Betty Puckerin	1								•				
	or 2022		1	ļ	_	_		_	0		0			0
	flark Ryan	11	1	1		İ		ĺ						_
	or 2022	1	/	├				_	0		_0			_0
	Ann Smeltzer or 2022	 	1								0			^
	Matthew Billiter	1	<u> </u>	 				_						~
	or 2023	<u> </u>	1		1				o		0			0
(19)	Breeze Briggs	1												
	or 2023		/	L_	L.				0		0			0
	Caren Carlson	11												
	or 2023		/					ļ	0		_0		_	_0
	eff Drusda or 2023	11	/	ļ					o		0			^
	Steve Esker	1	-'-							···········	_			_
	or 2023		1						o		0			0
(23)	Dan Martelli	1												_
Direct	or 2023		✓						0		0			0
	Andrew Smith	11												
	or 2023		/		_				0		0			0
	J Stubbs	1												_
1b	or 2023 Subtotal	<u> </u>				l		—	0	-	0			<u>0</u> 0
C	Total from continuation sheets to Part	VII, Sectio	n A					•	Ö		0			0
d	Total (add lines 1b and 1c)							▶	0		0			0
2	Total number of individuals (including but				list	ed a	above	e) w	ho received more	e than \$100,	000	of		_
	reportable compensation from the organi	zation >							0					_
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mpl	oyee, or highes	t compensa	ited		'es No	
4	For any individual listed on line Ia, is the organization and related organizations	sum of rep	portal	ble i	COLL	iper	isatio							
5	Individual						-		•	on or individual	dual			
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	iedu	ile J f	or s	uch person	•		5		_
	on B. Independent Contractors			- اد					mtunatara that u			h 610	0.000	
1 ——	Complete this table for your five high compensation from the organization Repo													
	(A) (B) (C) Name and business address Description of services Compensation							on	_					
										- -	_			_
														_
														_
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abovi	e) who				

n	a	9.
Page	•	Xc

			•
Form	990	(201	91

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 compensated any current officer, director, or trustee.										
	(C)									
(A)	(B)	(B) Position			(D)	(E)	(F)			
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)				Reportable	Reportable	Estimated amount		
	hours per week						compensation from the	compensation from related	of other compensation	
	(list any	9 2	lns:	Officer	ē.	ᆲ	Former	organization	organizations	from the
	hours for	d vd	titut	Cer	en	ples) He	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	Individual to or director	Ō	ĺ	Key employee	8 6	<u> </u>			related organizations
	below	Individual trustee or director	7		yee	l mg				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
					<u> </u>	e.				
(1) (26) Tony Tanner	11			1	ł					
Director 2023		✓					Ĺ	0	0	0
(2) (27) Alex Prosapio	2									
Secretary		✓	<u> </u>	_				0	0	0
(3) (28) Mike Willis	11									
Finance Chair		✓	<u> </u>	_				0	0	0
(4) (29) Mark Tyler	11							1		
<u>Chair-elect</u>		✓	_		<u> </u>			0	0	0
(5) (30) Mark Freshwater	2									
Chairperson		✓	_	<u> </u>	ļ	ļ		0	0	0
(6) (31) Doreen Becker	11			ļ]]]		
Immediate Past Chair		✓	<u> </u>		<u> </u>		<u> </u>	0	0	0
(7) (32) Mercedes Landazuri	2									
Councilor		-	<u> </u>	_	-		_	0	0	0
_(8)	ļ									
(0)			-	\vdash		-				<u> </u>
(9)		1								
(10)	-			-						·
(10)										
(11)					<u> </u>		┢			
<u> </u>			İ	ł			l	}		
(12)			-				 			
<u> </u>		ĺ								
(13)										
	†									
(14)				İ					· · · · ·	
	†									
			_							

Form **990** (2019)

Pár	t VIII	Statement of Revenue					
		Check if Schedule O contains a respons	nse or note to ar	ny line in this Pa	rt VIII	· · · · · ·	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts.	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
S, G	C	Fundraising events 1c	0				
配置	d	Related organizations 1d	0				
i, j	C .	Government grants (contributions) 1e All other contributions, gifts, grants,	0				
tíor s s	f	and similar amounts not included above 1f	5,026				
<u>'</u> g ₹	g	Noncash contributions included in	3,020	ļ.			
Contributions, Gifts, Grants and Other Similar Amounts	"	lines 1a–1f 1g	\$				
<u>3 £</u>	h	Total. Add lines 1a-1f	<u> </u>	5,026			
			Business Code				
/ice	2a	CAD RETEC 2019 Revenue	813920	283,075	283,075	0	0
le je	b						
Program Service Revenue	C		<u> </u>		· -		
gra Re	d						
õ	f	All other program service revenue					
_	g	Total. Add lines 2a 2f	•	283,075			
	3	Investment income (including dividend	s, interest, and				
		•	•	990	990	0	0
	4	Income from investment of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties	•	0	0	0	0
		(i) Real	(II) Personal				
	6a	Gross rents . 6a Less: rental expenses 6h	<u> </u>				
	h C	Rental income or (loss) 6c	 			·	
	d	Net rental income or (loss)		0	0	0	
	7a	Gross amount from (i) Securities	(II) Other				
	, a	sales of assets					
		other than inventory 7a	L				
0	b	Less cost or other basis		,		•	
Revenue		and sales expenses 7b					
Rev	C	Gain or (loss) . 7c					<u> </u>
.	q	Net gain or (loss)	· · · •	0	0	0	0
Othe	8a	Gross income from fundraising					
		events (not including \$ 0 of contributions reported on line	•				1
		1c). See Part IV, line 18 8a	ا				}
	b	Less: direct expenses 8b	0				
		Net income or (loss) from fundraising even	ents 🕨	0		0	0
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a	0				
		Less direct expenses 9b	0		 		
		Net income or (loss) from gaming activiti	es ▶	0	0		9
	10a	Gross sales of inventory, less returns and allowances 10a		-		•	ļ
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventor		0	0	0	
<u>,, </u>		V, well 02.00 0. IIVOIN	Business Code				Ť
اه څ	11a						
Miscellaneous Revenue	b						
e e	С						
<u>≅</u>		All other revenue		0	0	0	. 0
_		Total. Add lines 11a-11d	<u> </u>	0			
	12	Total revenue. See instructions .	<u> ▶</u> _	289,091	284,065		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	ımn (A)
	Check if Schedule O contains a response	e or note to any line	in this Part IX	<u>.</u> .	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35 000	25 000		
•	Grants and other assistance to domestic	35,000	35,000		
2	individuals See Part IV, line 22	20.250	30,250		
_		30,250	30,230		
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	0		<u> </u>	
4	Compensation of current officers, directors,				
5	trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	. 0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees).				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	O	0	0	0
d	Lobbying	_0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).		•		
40		0	0	U	0
12 13	Advertising and promotion	8,017	8,017	890	0
14	Information technology	3,105 1,886	2,215 1,886	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0		0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses			•	
.0	for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings	183,122	165,718	17,404	0
20	Interest	0	0	0	
21	Payments to affiliates	33,145	0	33,145	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e if				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а			<u> </u>		
b					
С					
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	294,525	243,086	51,439	0
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)	i .			

Form	n 990 (20	19)			Page 11
	art X	Balance Sheet			
_	<u> </u>	Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,432	1	5,041
	2	Savings and temporary cash investments	30,000	$\overline{}$	25,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net			0
Assets	8	Inventories for sale or use	0		0
As	9	Prepaid expenses and deferred charges	0	9	0
	-	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less, accumulated depreciation 10b 0		10c	
	11	Investments—publicly traded securities	758,996	_	797,264
	12	Investments—other securities. See Part IV, line 11	738,330		757,204
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	0	$\overline{}$	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	795.428	16	827,306
	17	Accounts payable and accrued expenses	0	_	0
	18	Grants payable	0	18	0
	19	Deferred revenue	. 0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	-		
Ē		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X			-
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25			0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions	,	28	
멑		Organizations that do not follow FASB ASC 958, check here ▶ ✓			
Ē		and complete lines 29 through 33.			
ò	29	Capital stock or trust principal, or current funds	100,000	29	100,000
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
SS	31	Retained earnings, endowment, accumulated income, or other funds	695,428	31	727,306
λ¥	32	Total net assets or fund balances	795,428		827,306
ž	33	Total liabilities and net assets/fund balances	795.428	-	827.306

Total liabilities and net assets/fund balances

827,306

795,428 33

_	4	•
Page	- 1	4

romi 9	90 (2019)		Pa	ige 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		28	39,091
2	Total expenses (must equal Part IX, column (A), line 25)		29	94,525
3	Revenue less expenses. Subtract line 2 from line 1			5,434)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		79	5,428
5	Net unrealized gains (losses) on investments			37,312
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		82	27,306
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990. ☑ Cash ☐ Accrual ☐ Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both	ľ	i	ľ
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.	ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis	-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			i
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			,
	Single Audit Act and OMB Circular A-133?	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the) at		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	ا	
		For	ո 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number Name of the organization 23-2004432 Society of Plastics Engineers; Color & Appearance Division Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 12f, and 12g

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations . . .

(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total /			فسيبه				

Part	II Support Schedule for Organiza						
	(Complete only if you checked the						ality under/
<u>C4:</u>	Part III. If the organization fails to	quality unde	er the tests iis	stea below, p	nease comple	ete Part III.)	
	on A. Public Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015	(0) 2010	(6) 2017	(u) 2018	(e) 2013	/// Total
1	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	.,_		,	/	<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4				L		<u> </u>
	on B. Total Support	() 0045	(1) 0040	/ / / / / / / / / / / / / / / / / / / /	(-1) 0040	(-) 0010	I (O Total
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	
	organization, check this box and stop he						<u> </u>
	on C. Computation of Public Suppor					1	
14	Public support percentage for 2019 (line					14	<u>%</u>
15	Public support percentage from 2018 Sci 331/3% support test - 2019. If the organi	nedule A, Part	II, line 14 .			15	shook this
16a	box and stop here . The organization qua						> [
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	6a, and line 15		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	ation meets the neets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test. 	s" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and	see
	instructions			<u> </u>			🕨 🗆
7					Sc	hedule A (Form 99	90 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")	1,108	o	o	o	0	1,108	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	259,134	253,289	262,075	282,985	283,075	1,340,558	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	0	0	· 0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	O	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	260,242	253,289	262,075 0	<u>282,985</u> 0	<u>283,075</u>	<u>1,341,666</u> 0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
c	Add lines 7a and 7b	o	0	0	0	0	0	
8	Public support. (Subtract line 7c from line 6.)						1,341,666	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	260,242	253,289	262,075	282,985	283,075	1,341,666	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	772	1,545	1,196	1,221	990	5,724	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	o	0	. 0	0	0	
С	Add lines 10a and 10b	772	1,545	1,196	1,221	990	5,724	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	o	o	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	O	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11,					Ť	<u></u>	
-	and 12.)	261,014	254,834	263,271	284,206	284,065	1,347,390	
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second				` —	
Secti	on C. Computation of Public Support							
15	Public support percentage for 2019 (line	B, column (f), dı	vided by line 1	13, column (f))		15	99.58 %	
16	Public support percentage from 2018 Sc				<u> </u>	<u> 1</u> 6	99.55 %	
	on D. Computation of Investment In					T .= T		
17	Investment income percentage for 2019 (mn (f))	17	0.42 %	
18	Investment income percentage from 2018	3 Schedule A, F	Part III, line 17			18	0.45 %	
19a	331/3% support tests—2019. If the organ	ization did not	The erganization	on line 14, an	ia line 15 is m	ore than 331/39	o, and line	
	17 is not more than 33½%, check this box 33½% support tests—2018. If the organization							
b	line 18 is not more than 331,6% check this	tation uid not Cl hox and stop be	ieck a box on ere. The organi	inie 14 of lille 1 zation qualifies	as a publicive	upported organi	zation ▶ □	
20	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
Secti	on A. All Supporting Organizations		,	,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	· ·	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	111 234	117.00
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	a I sant un	- simbaling
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		ı,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		,
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		प्रत्याचीकार
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedule	A (Form	990 or 990	.F7\ 2019

Schedule	e A (Form 990 or 990-EZ) 2019			Page 5
Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		J
	below, the governing body of a supported organization?	11a 11b	<u> </u>	├─
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116	l	
Section	ni b. Type i Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Section	on D. All Type III Supporting Organizations			
		r	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (station station). Activities Test. Answer (a) and (b) below.			ions)
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
,	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-	gani	zations	······
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	-	• • •	•
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		_
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	" " - 	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see
instructions).		- *	•

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	<u> </u>
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	, , ,		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>	<u> </u>	
8	Distributions to attentive supported organizations to whice	h the organization is res	sponsive	,
	(provide details in Part VI) See instructions	J	•	
9	Distributable amount for 2019 from Section C, line 6		<u>-</u>	
10	Line 8 amount divided by line 9 amount			
		(:)	(ii)	(iii)
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6	_		
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2019			
a	From 2014	રાજ્યભાગ માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર માત્ર	······································	######################################
b	From 2015	MITAMONALINA ANA MANDA 	арынын андам ыны калага таканананан адаатта такаты	
С	From 2016	,, ii	ر د الله الله الله الله الله الله الله ال	
d	From 2017			····
е_	From 2018	A	······································	,
f	Total of lines 3a through e		0.10	
g	Applied to underdistributions of prior years			·····
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u> ,	Carryover from 2014 not applied (see instructions)		(air an g n is n is shi n photol (11 11 air at shoot ann an air air air ann an an air air air air air air air air air air	мининиминчести и при при при при при при при при при
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.		. Mina din la la matana papa papahapan dipangkan papahapan papan papan papan papan pantan dipantan bersamban di	housessessessessessessessessesses alliertyks production of
4	Distributions for 2019 from	l [*]		
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years	l		
<u>b</u>	Applied to 2019 distributable amount		· · · · · · · · · · · · · · · · · · ·	
С	Remainder. Subtract lines 4a and 4b from 4.	70070000000000000000000000000000000000		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.			·
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 _j			
	and 4c.			
8	Breakdown of line 7 ⁻			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019 .			

Pärt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	,

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

2019
Open to Public

Inspection

Employer identification number

Society of Plastics Engineers; Color & Appearance Division 23-2004432 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R and section 170(h)(4)(B)(ii)? . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 . . Assets included in Form 990, Part X . \$

Cat No 52283D

Schedule D (Form 990) 2019

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

Part		Organizations Maintaining	Collections of	Art, Histori	cal 1	reasures, o	or Otl	ner Similar Ass	ets (continued)
3		the organization's acquisition, ction items (check all that apply):		her records,	chec	k any of the	follow	ing that make sig	gnificant use of its
а	☐ Pu	ublic exhibition				or exchange			
b		cholarly research		e 🗆 🤆	Other				
С		eservation for future generations							
4	Provi	de a description of the organiza	tion's collections a	and explain h	ow t	hey further th	ne org	anızatıon's exemp	ot purpose in Part
5	Durin asset	g the year, did the organization s to be sold to raise funds rather	solicit or receive or than to be mainta	donations of ined as part	art, of the	historical trea e organizatioi	asures n's col	i, or other similar lection?	☐ Yes ☐ No
Pari		Escrow and Custodial Arra		····				-	
		Complete if the organization 990, Part X, line 21.	answered "Yes'	on Form 9	90, F	Part IV, line	9, or r	reported an amo	ount on Form
1a	includ	e organization an agent, trustee ded on Form 990, Part X?							☐ Yes ☐ No
b	If "Ye	s," explain the arrangement in P	art XIII and comple	ete the follow	ıng ta	able.			
								Am	ount
С	_	nning balance					1c		
d		ions during the year			•		1d		
е		butions during the year .			•		1e		
f		J • • •					1f		
2a		ne organization include an amou							
		s," explain the arrangement in P	art Alli. Check here	e ii trie expiai	iatio	ii iias been p	ovide	u un Fart Ain .	· · · <u>L.</u>
Par	t V	Complete if the organization	aneword "Vee"	on Form 9	an r	Part IV line	10		
		Complete if the organization	(a) Current year	(b) Prior yea		(c) Two years		(d) Three years back	(e) Four years back
1a	Regir	nning of year balance	695,428		2,345		6,798	467,628	
b	_	ributions	033,420		<u> </u>	- 50	0,700	407,020	100,000
c		nvestment earnings, gains, and	37,312	5	3,193	8	5,547	99,170	992
d		ts or scholarships	5,434		0,110		.,		
e		expenditures for facilities and							
f		nistrative expenses							
g		of year balance	727,306	69	5,428	65	2,345	566,798	467,628
2		de the estimated percentage of t							10,1,020
a		d designated or quasi-endowme		0%	Ŭ				
b		anent endowment ▶		-					
С		endowment ► %							
	The p	percentages on lines 2a, 2b, and	2c should equal 10	00%					
3a	Are th	nere endowment funds not in the	e possession of th	e organizatio	n tha	at are held ar	nd adr	ninistered for the	
	orgar	nization by:							Yes No
		nrelated organizations .							3a(i) ✓
		elated organizations			٠_		•		3a(ii) ✓
b		s" on line 3a(ii), are the related o							3b
4		ribe in Part XIII the intended uses		n's endowm	ent ti	unas		 	
Part	VI	Land, Buildings, and Equip		' on Form O	00 [Port IV line	110 (Soo Form 000 F	Port V June 10
		Complete if the organization				or other basis		ccumulated	(d) Book value
		Description of property	(a) Cost or oth	, , ,		ther)		preciation	(d) Book value
1a									
b		ıngs							
С		ehold improvements							
d	_ : :	oment							
<u>e</u>				20. 5. + 17	1	(D) 1 == 10	1		
Total.	Add li	nes 1a through 1e (Column (d) n	nust equal Form 99	₃u, ⊬art X, co	numr	ו (ש), ווחe 10c.	.)	▶	

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial				
	neld equity interests			
(3) Other				
		1		
				
	•••••••••••••••••••••••••••••••••••••••			
(G)				
(H)		•	-	
	mn (b) must equal Form 990, Part X, col. (B) line 12.).▶			
Part VIII	Investments – Program Related.		<u> </u>	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation of-year market value
		<u> </u>		
_(2)			-	
(3)				
(4)				
_(5)				
(6)				
_(7)				
_(8)				
_(9)		<u> </u>		
	mn (b) must equal Form 990, Part X, col (B) line 13.) .	<u> </u>	<u> </u>	
Part IX	Other Assets.	rm 000 Dort IV Ion	a 11d Caa Farm	000 Dort V Ima 15
	Complete if the organization answered "Yes" on Fo	mi 990, Part IV, iiii	e 110. See Form	(b) Book value
(4)	(a) Description			(b) Book value
_(1) _(2)				
_(3)				
_(4)				
(5)		-		
(6)				<u> </u>
(7)				
(8)				
(9)				
Part X	onn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
	Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	_		(b) Book value
_(1) Federal in	come taxes			
_(2)	·			
_(3)				
_(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
_ (8)				
_(9) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25) .			
	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization		nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Pari	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Returr	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	_4b	-	
c	Add lines 4a and 4b		4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial Statem			<u> </u>
rart	Complete if the organization answered "Yes" on Form 990, I		er nett	1111.
	T. 1	arriv, iiile 12a.	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- ' -	
a	Donated services and use of facilities	2a		
a b	Prior year adjustments	2b	7	
c	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d	7	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line) 18.)	5	
	XIII Supplemental Information.	· · · -		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
Part V	line 4: endowment fund is used to award scholarships to students, administer	ed by the Board of Director	s. In lieu	of making
	which the sade was the date Board of Bireston burns by a second second			A = 6 Ab =
contrit	outions to the endowment fund, the Board of Directors have chosen to pay sch	olarships out of the operati	ng buage	t of the
Oraani	zation over the last several years, to preserve funds in the endowment fund. The	hat ic why there are limited	scholars	hine lietad
y yain	Lation over the last several years, to preserve tunus in the endowment tunu.	nat is will there are minted	Scholars	inpo noteu
on line	1d, columns a through e.			
•				
			•	
				•••••
				······································

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Society of Plastics Engineers; Color & Appearance Division
Part | General Information on Grants and Assistance

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

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

23-2004432

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 Employer identification number

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	ınt of the grants oı	r assistance, the g	rantees' eligibility fo	r the grants or assistance	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic C Part IV, line 21, for any recipient that received	ssistance to Do	mestic Organiz	ations and Don an \$5,000. Part	nestic Governm Il can be duplica	Descriptions and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization answapace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) 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) Society of Plastics Engineers	0000000	(2)(3)(3)	000 36				Disceive Drogram
(2)	7007600-00	(6)(5) 106	00,75				
(6)							
(4)							
(5)						,	
(9)							
(7)							
(8)							
(6)							
(10)						•	
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and gov organizations listed	vernment organiza	tions listed in the	line 1 table			-
For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruction	ıs for Form 990.		O	Cat No 50055P		Schedule I (Form 990) 2020

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Scholarships are paid to universities and not directly to the student. That ensures that the student is enrolled and that the money goes towards student expenses. Students have to re-apply each year for scholarships which allows us to re-assess need, academic achievement, and other eligibility requirements. <u>2</u> (e) Method of valuation (book, FMV, appraisal, other) 0 n/a (d) Amount of noncash assistance 30,250 (c) Amount of cash grant (b) Number of recipients 17 Scholarships for students in related study (a) Type of grant or assistance Part III ဖ ო 4 Ŋ N

Schedule I (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Society of Plastics Engineers; Color & Appearance Division 23-2004432 Form 990, Part VI, Section A, Line 6. Member classes are controlled by the parent organization and not by the Color & Appearance Division. In general, there are student members, professional members, emeritus members, honored service members and fellow members. Voting rights and other rights of the various member classes are defined in the bylaws of the Society of Plastics Engineers. Form 990, Part VI, Section A, Line 9. See names below. Form 990, Part VI, Section B, Line 11b. The organization reviews and audits the annual financial report prior to filing form 990. The financial report provides all of the information to complete Form 990. The completed Form 990 is reviewed at the director's meeting immediately following the filing of Form 990. Form 990, Part VI, Section C, Line 19. Meeting minutes are published in newsletters sent to all members and posted on the website. Board of Director's meeting minutes includes the treasurer's report which shows the financial statements for the organization. Form 990, Part VI, Section A, Line 9: (1) Aumann, Scott EMD Performance Materials 6775 South Tropical Trail, Merritt Island, FL 32952 (2) Balthazar, Earl Datacolor 6515 Fannin Farm Way Arlıngton, TX 76001-5803 (3) Becker, Doreen Ampacet 15 Woodland Rd., Pleasantville, NY 10570 (4) Billiter, Matthew LANXESS Corp. 111 RIDC Park West Drive, Pittsburgh, PA 15275 (5) Briggs, Breeze BASF 24600 W. Eleven Mile Rd. Southfield, MI 48034 (6) Carlson, Karen EMD 35 Upland Ave., White Plains, NY 10604 (7) DePew, Charles Holland Colours 1501 Progress Dr.Richmond, IN 47374 (8) Drusda, Jeff The Chemours Company 974 Centre Road, Chestnut Run Plaza 709/104, Wilmington, DE 19805 (9) Esker, Steve Paramount Colors, Inc. 10186 Taylor Road SW Etna, OH 43068 (10) Figaniak, Jim Americhem 20 Progress Drive Morrisville, PA 19067 (11) Ford, Ed MIXACO USA 1784 Poplar DR, Greer, SC 29651 (12) Freshwater, Mark DCC LANSCO 1342 Alexandria Parkway Canton, OH 44709 (13) Green, Colin Clariant Plastics & Coatings 4000 Monroe Rd., Charlotte, NC 28205 (14) Heitzman, Scott Sun Chemical Corporation 5020 Spring Grove Avenue Cincinnati, OH 45232 (15) Iannuzzi, George Sandream Impact 6 Cypress Rd, Eastchester, NY 10709

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Name of the organization	Employer identification number
Society of Plastics Engineers; Color & Appearance Division	23-2004432
(17) Landazuri, Mercedes Techmer PM 2329 W. Farwell Ave, 3S, Chicago, IL 60645	
(18) Martelli, Dan Heubach Color 67 Becker's Corner, West Creek, NJ 08092	
(19) Mulholland, Bruce Celanese 8040 Dixie Highway Florence, KY 41042	
(20) Prosapio, Alex Sudarshan North America 4 Rone Ct., New City, NY 10956	
(21) Puckerin, Betty Ampacet Corporation 3801 N. Fruitridge Avenue Terre Haute, IN 47804	
(22) Ryan, Mark Shepherd Color 4539 Dues Dr. Cincinnati, OH 45246	
(23) Serdar, Elizabeth Omya, Inc 9987 Carver Rd Suite 300, Cincinnati, Ohio 45242	
(24) Smeltzer, Ann Clariant Plastics & Coatings 707 Lindenwood Drive Coraopolis, PA 15108	
(25) Smith, Andrew AErnest Consultech 21 Fox Hill Dr, Holden, MA 01520	
(26) Stubbs, TJ Teknor Color 3058 Ohio Dr, Henderson, KY 42420	
(27) Tanner, Tony Milliken & Company 3250 Braun Rd., Belpre, OH 45714	
(28) Treat, Cheryl BASF Colors and Effects 141 Gunther Street, Bellevue, OH 44811	·····
(29) Tyler, Mark Silberline Mfg 130 Lincoln Dr, Tamagua, PA 18252	
(30) West, Brian Techmer PM LLC 1 Quality Circle Clinton, TN 37716	
(31) Williamson, Kimberly Techmer PM LLC 1 Quality Circle, Clinton, TN 37716	
(32) Willis, Mike Sun Chemical Corporation 5020 Spring Grove Avenue Cincinnati, OH 45232	
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