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DLN: 93493216000040

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	r the	2009 са	lendar yea	r, or tax year beginning	01-01-2009 and ending 12-31-200	09			
B Ch	eck ıf a	pplicable	Please	C Name of organization AMERICAN INSTITUTE OF	CHEMICAL ENGINEERS		D Empl	loyer ident	ification number
☐ Ad	dress cl	nange	use IRS label or		623892	h ou			
┌ Na	me cha	nge	print or type. See	Doing Business As			E Telep	hone num	Der
┌ Inr	ial retu	rn	Specific	Number and street (or P	O box if mail is not delivered to street addr	ess) Room	/suite)) 242-43	
Гте	mınate	d	Instruc- tions.	3 PARK AVENUE			G Gross	receipts \$ 2	20,497,661
┌ Am	ended	return		City or town, state or cou	ntry, and ZIP + 4				
┌ Ap	olication	n pending		NEW YORK, NY 1001659	92				
,		, , , , , , ,	F Nan	L ne and address of princi	nal officer	11/->			
				VISPELWEY	par officer	H(a)	Is this a grou affiliates?	ip return f	or □Yes 🔽 No
				(AVENUE ORK,NY 100165992					
			IN E VV T	ORK, NT 100105992		1	Are all affiliate		
т Та	x-exen	npt status	▼ 501(c)) (3) ◀ (insert no)	947(a)(1) or		If "No," attac Group exemp		see instructions)
						H(c)	Group exemp	otion num	Jei F
			WAICHE			<u> </u>			
			-	ion Trust Association	Other 🕨	L Yea	or of formation	1908 M S	tate of legal domicile NY
Pa		Sumi							
	1				n or most significant activities G IN THEORY AND PRACTICE, TO	O MEET T	HE NEEDS O	FCHEMI	CALENGINEERS
		FORIN	FORMATIO	ON, KNO WLEDGE, AND	PROFESSIONAL COMMUNICATI	ON AND	TO SERVE S		
<u>ခို</u>		WHERE	CHEMICA	L ENGINEERING CAN	CONTRIBUTE TO THE PUBLIC IN	NTEREST			
喜									
Governance									
ĭ	2	Checkt	hıs box 🛏	fthe organization dis	continued its operations or dispose	d of more	than 25% of	its net as:	sets
නර් රෝ	3	Number	of voting r	nembers of the governing	ng body (Part VI, line 1a)			3 _	17
Activities &	4	Number	ofindepen	ident voting members o	f the governing body (Part VI, line 1	b)		4 _	17
₽	5	Total nu	umber of en	nployees (Part V , line 2	a)			5 _	75
ă	6	Total nu	umber of vo	lunteers (estimate if ne	cessary)			6 _	800
					om Part VIII, column (C), line 12			7a _	854,889
	Ь	Net unr	elated busi	ness taxable income fro	om Form 990-T, line 34	1		7b	C
						Prior Year		Current Year	
a)	8			, ,	1h)			,029	4,221,621
Revenue	9				2g)		11,856		10,743,902
盏	10				A), lines 3, 4, and 7d)	•		5,981	1,465,245
_	11		-		nes 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), lı		3,725	0,725	1,408,351
	12					ile	20,591	.,881	17,839,119
	13				(, column (A), lines 1-3)		32	,000	47,560
	14	Benefi	ts paid to c	or for members (Part IX,	column (A), line 4)				0
ø	15		es, other co	ompensation, employee	benefits (Part IX, column (A), lines	5 –	7.60		7 000 445
Expenses		10)		6 (5 17)			7,685		7,888,415
<u>ক</u>	16a				olumn (A), line 11e)		/0	,000	
五	Ь			enses (Part IX, column (D),					
	17				es 11a-11d, 11f-24f)	•	11,967		9,411,468
	18		•	·	equal Part IX, column (A), line 25)		19,754		17,347,443
	19	Keven	ue iess exp	denses Subtract line 18	3 from line 12	Pos	inning of Curr	5,976	491,676
Net Assets or Fund Balances						Beg	Year	eiit	End of Year
28 E	20	Totala	assets (Par	t X, line 16)			17,620	,536	18,313,829
주유 주민	21	Totall	ıabılıtıes (F	Part X, line 26)			11,724	,366	9,965,817
ŽΞ	22	Netas	sets or fun	d balances Subtract lir	ne 21 from line 20		5,896	,170	8,348,012
Pa	rt II	Sign	ature Blo	ock		•			
					xamined this return, including accompanyin ration of preparer (other than officer) is bas				
			er, it is true, i	Correct, and complete Decial	ation of preparer (other than officer) is bas	eu on an in	ioiiiiatioii oi wiii	и рієраїєї	mas arry knowledge
Sigr		N					2010-08-04		
Her	е	Signa	ature of office	er			Date		
				EXECUTIVE DIRECTOR					
		Туре	e or print nam	e and title			1		
		Preparer			Date	Check if self-		er's identifyir structions)	ng number
Paid		signature	* F			empolyed		on actions)	
	arer's		ame (or yours	Marks Paneth & Shron L	LP		EIN Þ		
Use	Only		nployed), and ZIP + 4	622 Third Avenue					
				New York, NY 10017			Phone	no 🕨 (212) 503-8800
May	the IR	S discus	s this retu		wn above? (see instructions)				Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO ADVANCE CHEMICAL ENGINEERING IN THEORY AND PRACTICE, TO MEET THE NEEDS OF CHEMICAL ENGINEERS FOR INFORMATION, KNOWLEDGE, AND PROFESSIONAL COMMUNICATION AND TO SERVE SOCIETY, PARTICULARLY WHERE CHEMICAL ENGINEERING CAN CONTRIBUTE TO THE PUBLIC INTEREST

2	Did the organization un the prior Form 990 or 9		nt program se	rvices during the	year which were not listed	on Yes V No
	If "Yes," describe these	new services on Sc	nedule O			
3	Did the organization ce services?	ase conducting, or m	ake sıgnıfıcan	t changes in how	it conducts, any program	. Tyes Vo
	If "Yes," describe these	changes on Schedu	le O			
4		501(c)(4) organizati	ons and sectio	on 4947(a)(1) trus	hree largest program servio sts are required to report tl ram service reported	
4a	(Code) (Expenses \$	4,437,487	ıncludıng grants of \$) (Reven	nue \$ 1,062,404)
		RANSFER AND OTHER AC	TIVITIES THE AB	OVE REVENUE EXCLU	DES REVENUES FROM CHARITAB	ORATE AND LEVERAGE RESOURCES FOR BLE CONTRIBUTIONS AND GRANTS OF
4b	(Code) (Expenses \$	3,138,539	including grants of \$) (Reven	 nue \$ 4,423,227)
	Membership - to provide a	foundation for AIChE me h provides essential techr	mbers to keep cu lical and profession	rrent, connected, and onal information to pro	secure throughout their careers acticing chemical engineers. THE	AICHE produces a journal (Chemical ABOVE REVENUE EXCLUDES REVENUES
4c	(Code) (Expenses \$	2,802,828	ıncludıng grants of \$) (Reven	nue \$ 3,354,638)
	,	ROGRAMMING - TO CONE	OUCT TECHNICAL		, ,	JS LOCATIONS IN ORDER TO PROMOTE
					, ,	nue \$ 1,208,324) D RELATED TOPICS FOR DISTRIBUTION
	(Code) (Expenses \$	154,333	ıncludıng grants of \$) (Reven	nue \$ 364,375)
	Financial Services - to assist financial related benefits	st AIChE members' efforts	to achieve finan	cial security by provid	ing them with a selection of fina	ncial services and keeping track of all
	(Code) (Expenses \$	832,243	including grants of \$	47,560) (Reve	nue \$ 180,855)
	*	support certain operation	·			g operations, other operating revenues,
	(Code) (Expenses \$	389,381	ıncludıng grants of \$) (Reven	nue \$ 150,079)
	EDUCATION SERVICES - TO ENGINEERING		COURSES TO T	HE GENERAL PUBLIC \	WHICH PROVIDES EDUCATIONAL	OPPORTUNITIES RELATED TO CHEMICAL
4d	Other program service	es (Describe in Sche	dule O)			
	(Expenses \$	3,684,085 incl	uding grants o	f\$	47,560) (Revenue \$	1,903,633)
4e	Total program service	expenses►\$	14,062,93	9		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T 1 A	CHECKII	SL UI KE	:uuii eu	Scileuule:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		Νο
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		-	-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
h	return?	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	163	No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ia	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
,	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

3 PARK AVENUE

(646) 495-1355

NEW YORK, NY 100165991

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Se</u>	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 17					
b	Enter the number of voting members that are independent 15					
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		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A , who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?					
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Yes			
c	to conflicts?					
40	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure	·				
17	List the States with which a copy of this Form 990 is required to be filed <mark>▶</mark> NY					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available Check all that apply					
10	Own website Another's website V Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of					
20	interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of the					

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. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) A verage hours		(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	Key employee Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
H SCOTT FOGLER PRESIDENT	26 00	х		Х				0	0	0	
HENRY T KOHLBRAND PRESIDENT - ELECT	21 00	х		Х				0	0	0	
DALE L KEAIRNS PAST PRESIDENT	16 00	х		х				0	0	0	
SCOTT D LOVE SECRETARY	4 00	х		Х				0	0	0	
FREDERICK J KRAMBECK TREASURER	4 00	Х		Х				0	0	0	
THOMAS M CONNELLY DIRECTOR	2 00	х						0	0	0	
JENNIFER SINCLAIR CURTIS DIRECTOR	2 00	Х						0	0	0	
LIESE DALLBAUMAN DIRECTOR	1 00	х						0	0	0	
DENNIS GRIFFITH DIRECTOR	4 00	х						0	0	0	
IGNACIO E GROSSMANN DIRECTOR	4 00	х						0	0	0	
CHRISTINE B SEYMOUR DIRECTOR	2 00	х						0	0	0	
JOHN C TAO DIRECTOR	2 00	х						0	0	0	
CHERYL I TEICH DIRECTOR	2 00	х						0	0	0	
GAVIN TOWLER DIRECTOR	2 00	х						0	0	0	
PHILLIP R WESTMORELAND DIRECTOR	4 00	х						0	0	0	
NEIL YEOMAN DIRECTOR	7 00	х						0	0	0	
WENDY C YOUNG DIRECTOR	1 00	Х						0	0	0	

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

(A) Name and Title	(B) A verage hours		((tion (hat a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICK CAIN DIR FIN & STRAT PROG	40 00			Х				208,575	0	52,791
JUNE C WISPELWEY EXECUTIVE DIRECTOR	40 00			х				222,254	0	56,746
ELIZABETH LAWLER DIRECTOR, OPERATIONS	40 00				х			195,942	0	45,901
STEPHEN SMITH DIR TECH ACT AND COMM	40 00				х			206,973	0	47,214
SCOTT BERGER DIR ITA & INTL PROG	40 00				х			177,359	0	52,134
JOHN SOFRANKO FORMER EXEC DIRECTOR	40 00					х		268,875	0	29,543
DORIS DEUTSCH GLOBAL DISPLAY SALES MGR	40 00					х		177,793	0	35,786
CHOL SANG YOUN DIR INFSTR & DATABASE	40 00					х		144,159	0	25,895
JOSEPH CRAMER DIR TECH PROG	40 00					х		138,739	0	38,940
CATHY DIANA DIRECTOR, HR, FOUNDATION	32 00					х		140,642	0	41,757
1b Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	1,881,311	0	426,707

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►20

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HAEJA HAN 15-28 147TH STREET WHITESTONE, NY 11357	CONSULTANT	133,650
CAMILLE BELCUORE PO BOX 277 BERKLEY HEIGHTS, NJ 07922	MEM BENEFITS CONS	112,156

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

Form 99								Page 9
Part	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a					
g in	b	Membership du	es 1b					
કું.	C	Fundraising eve	ents 1c					
<u>=</u> ,ਰ*	d		zations 1d					
ar Si⊞	e	Government grants		10,869		ļ		
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ons, gifts, grants, and 1f ot included above butions included in	4,210,752				
Cont	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	4,221,621			
<u> </u>				Business Code				
Ke ni	2a	MEMBERSHIP DUE:	<u> </u>	541,900	4,423,227	4,423,227		
82	Ь	MEETINGS & TECH		541,900	3,354,638	3,354,638		
Program Serwce Revenue	c	IND TECH ALLIAN	ICES	541,900	1,062,404	1,062,404		
	d	ADVERTISING		541,800	854,889	252.425	854,889	
E E	e f	All other progra	am service revenue	511,120	353,435	353,435		
Į0 L	'				695,309	695,309		
<u></u>	g		s 2a-2f		10,743,902			
	3		ome (including dividend ar amounts)	· · · · · · · · · · · · · · · · · · ·	373,012			373,012
	4		stment of tax-exempt bond p	· · ·				,
	5			· · · · · · · · · · · · · · · · · · ·	1,408,351			1,408,351
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	l_	Gross amount	(ı) Securities 3,750,775	(II) O ther				
	7a	from sales of assets other than inventory	3,730,773					
	b	Less cost or other basis and	2,658,542					
		sales expenses Gain or (loss)	1,092,233					
	c d		s)	▶	1,092,233			1,092,233
	8a	Gross income f						
He		events (not inc	luding					
Other Revenue			reported on line 1c)					
Д.		See Part IV, lin	ne 18 a					
je.	ь	less directex	penses b					
₹	c		(loss) from fundraising (events 📂				
	9a		rom gaming activities ie 19					
	ь		penses b					
	10a	Gross sales of returns and allo		rities				
	ь		a oods sold b					
	c		ı loss) from sales of ınve(entory 📂				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reven	ı					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	▶├	47,000,115	0.000.015	054.005	2.072.505
					17,839,119	9,889,013	854,889	2,873,596

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	16,560	16,560		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,000	31,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,092,647	625,913	466,734	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,100,411	4,299,064	745,679	55,668
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	752,291	629,592	122,699	
9	Other employee benefits	572,313	487,293	85,020	
10	Payroll taxes	370,753		 	
11	Fees for services (non-employees)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
 a	Management			1	
- h	Legal	35,799	12,747	23,052	
c	Accounting	37,275	12,717	37,275	
d	Lobbying	37,273		37,273	
e	Professional fundraising See Part IV, line 17				
	Investment management fees	35.053		35.053	
f	-	25,953		25,953	15.245
g	Other	3,376,973		 	15,245
12	Advertising and promotion	572,247	572,247	 	6.512
13	Office expenses	767,239	•	 	6,513
14	Information technology	279,638			
15	Royalties	55,496	55,496	1	
16	Occupancy	634,082	183,308	' 	
17 18	Payments of travel or entertainment expenses for any federal,	514,811	479,567	33,776	1,468
10	state, or local public officials	022.020	016 071	7 402	7.754
19	Conferences, conventions, and meetings	932,028	916,871	7,403	7,754
20	Interest			+	
21	Payments to affiliates	220.221	105.435	24.055	
22	Depreciation, depletion, and amortization	229,231	195,175		
23 24	Insurance	125,456		125,456	
	total expenses shown on line 25 below)				
а	EQUIP RENTAL & MAINT	709,544	697,310	8,898	3,336
b	miscellaneous and dues	693,255		512,695	180,560
c	printING & PUBLICATIONS	422,441	418,970	3,471	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	17,347,443	14,062,939	3,013,960	270,544
26	Joint costs. Check here ► ☐ If following SOP 98-2	2.,3.,,1.13			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	- ampaign and randrations of the resident		I	1	

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 5.965.900 2 4.641.744 2 91,154 115,113 3 3 4 769.922 1.259.421 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 302.837 9 275,172 Land, buildings, and equipment cost or other basis Complete 7.159.424 10a 10a Part VI of Schedule D 581,675 **10c** 10b 6.759.947 399.477 b Less accumulated depreciation 9.885.089 11 11.646.861 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17,620,536 16 18,313,829 7.655.298 17 6.069.451 17 Accounts payable and accrued expenses . 18 18 3,881,568 19 3,771,366 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 187.500 25 Other liabilities Complete Part X of Schedule D 25 125,000 26 **Total liabilities.** Add lines 17 through 25 11,724,366 9,965,817 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 470,656 2,414,073 27 Unrestricted net assets 27 28 4.926.339 28 5.334.764 Temporarily restricted net assets Fund 499.175 29 599.175 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 5,896,170 33 33 8,348,012 34 Total liabilities and net assets/fund balances 17.620.536 18,313,829 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

Inspection **Employer identification number**

									13-1623892		
	rt I			olic Charity State					_	ructions	
he d	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check o	only one box)		
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of c	:hurches se	ction 170(b)(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	≘ E)				
3	Γ	A hospı	tal or a coop	erative hospital serv	/ice organiza	tion describ	ed in section	170(b)(1)(A)(iii).		
4	Γ		al research I's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ibed in sectio	on 170(b)(1)((A)(iii). Ente	r the
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in
		sect ion	170(b)(1)(A	\)(iv). (Complete Pa	rt II)						
6	Γ	A federa	al, state, or l	ocal government or (governmenta	l unıt descrı	bed in sectio i	n 170(b)(1)(A)(v).		
7	Γ	describ	ed ın	t normally receives a		part of its si	upport from a	governmenta	al unit or fron	n the general	public
8	Г			described in section)(vi) (Comp	lete Part II)				
9	ਦ	An orga receipts its supp	nization that from activit port from gro	t normally receives ties related to its exc ss investment incom anization after June 3	(1) more tha empt function ne and unrela	n 331/3% of ns—subject t ted business	its support from the second se	om contribut eptions, and ome (less sec	(2) no more ction 511 tax	than 331/3%	of
LO	Γ	An orga	nızatıon orga	anızed and operated	exclusively t	o test for pu	blic safety S	ee section 50	9(a)(4).		
11	Γ	one or r	nore publicly	anized and operated supported organizates the type of supported by Type II	tions describ rting organiz	ed in sectio ation and co	n 509(a)(1) c	or section 50 11e through	9(a)(2) See	•	a)(3). Check
e f g	l	other th section If the oi check t	an foundation 509(a)(2) rganization r his box	x, I certify that the o on managers and othe eceived a written det 206, has the organiz	er than one o	r more publi	cly supported	l organization	ns described I or Type III	ın section 50)9(a)(1) or
			g persons?								
				ectly or indirectly co	•		•	rsons descri	ibed in (ii)	44 (2)	Yes No
			_	overning body of the		-	ion?			11g(i)	
		• •	•	r of a person describ	• •		2			11g(ii)	
				ed entity of a person						11g(iii)	
h		Provide	the following	g information about t	he supported	l organizatio	n(s)				
	(i) Name suppor rganiza	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organızatı col (ı) lıst your goveı documeı	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
				_							

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,046,561	3,571,543	4,899,128	5,447,029	4,221,621	21,185,88
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	10,278,541	10,746,617	13,307,428	10,539,738	9,708,158	54,580,48.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	13,325,102	14,318,160	18,206,556	15,986,767	13,929,779	75,766,36
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts 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						,
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						75,766,36
	from line 6)						73,700,30
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	13,325,102	14,318,160	18,206,556	15,986,767	13,929,779	75,766,36
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	866,984	958,786	1,174,145	3,859,919	1,781,363	8,641,19
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	866,984	958,786	1,174,145	3,859,919	1,781,363	8,641,19
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,771	-33,790	-8,454			-37,47
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	244,821	191,460	352,930	272,804	180,855	1,242,87
13	Total support (Add lines 9, 10c,	14,441,678	15,434,616	19,725,177	20,119,490	15,891,997	85,612,95
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	third, fourth, or f	Ifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
6-	ction C. Computation of Pub	lic Support Da	arcentage				
15	Public Support Percentage for 200			13 column (fl)		15	88 500 %
16	Public support percentage from 20	,		(1))		16	89 690 %
	Support percentage nom 20	22 Daniedaie A, I	,			10	09 090 %

15	88 500 %
16	89 690 %

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17	10	090	%
18	8	780	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, 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
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 12, Explanation of Other Income MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2009

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

DLN: 93493216000040

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

nterna	il Revenue Service	► Attach to Fo	rm 990. ► See separate instructions.		Inspect	ion
	me of the organi	izat ion OF CHEMICAL ENGINEERS		Employer identific	ation numbe	er .
ΑIYI	FUTCHIN THATITUDE (OF CHEFICAL LINGUINEERS		13-1623892		
Pā			lvised Funds or Other Similar Fu	unds or Account	s. Complet	e if the
	organiz	zation answered "Yes" to Form 99 	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and	other accour	nte
1	Total number a	t end of vear	(a) Donor advised funds	(b) runus and	other accoun	1113
2		tributions to (during year)				
	Aggregate gran	nts from (during year)				
	Aggregate valu	ue at end of year				
	_	zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	┌ No
5	used only for c conferring imp	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other purpose	☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, Part I	V, line 7.	
<u>.</u>	Protection Preservati Complete lines	ion of land for public use (e g , recreating for not use for		historically importar certified historic struct of a conservation	•	a
	easement on ti	ne last day of the tax year	[Held at the	e End of the	Year
а	Total number o	of conservation easements		2a		
Ь	Total acreage	restricted by conservation easements		2b		
:	Number of con	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of con	servation easements included in (c) ac	quired after 8/17/06	2d		
			rred, released, extinguished, or terminate	d by the organization	during	
	the taxable yea	ar Þ				
	Number of stat	tes where property subject to conserva	tion easement is located ►			
		nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, an	d 「Yes	┌ No
	Staff and volun	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	-	
	A mount of exp	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during the year 🟲 \$		
		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
1	balance sheet, the organizatio	, and include, if applicable, the text of t on's accounting for conservation easem		statements that des	cribes	
aı	Comple	ete if the organization answered "	·			
а	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of p		<u>.</u>
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research in		•	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X				
	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items			
а	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$		
Ь	Assets include	ed in Form 990, Part X		► \$		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · ·		. +		

3	Using the organization's accession and othe						•					ontinuea)
	items (check all that apply)			_	_		-					
а	Public exhibition		d	ı	Loan or	exch	nange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's content XIV	ollections and expla	ın hov	w they	further	the o	rganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than								ılar	Г	Yes	Г No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Ye	es" to For	m 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	dıary	for c	ontributi	ons o	or other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ıble		Γ			A mou	ınt	
С	Beginning balance						T	1c				
d	Additions during the year							1d				
e	Distributions during the year						r	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fe	orm 990 Part X line	<u> </u>				L			Г	Yes	□ No
	If "Yes," explain the arrangement in Part XI\		1							'	. 03	, 110
	rt V Endowment Funds. Complete		n ans	were	d "Yes'	" to F	orm 990.	Pari	t IV. line	10.		
		(a)Current Year)Prior			vo Years Back				Four Y	ears Back
1a	Beginning of year balance	2,026,848		2	,504,482							
b	Contributions	100,000			0							
c	Investment earnings or losses	562,416			-477,634							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	2,689,264		2	,026,848							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	78 000 % %										
Ь	Permanent endowment 🕨 22 000 % %											
c	Term endowment ► 0 % %											
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held a	and a	dmınıstere	d for t	the			
	organization by								г		Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations					•			[3a(ii)	<u> </u>	No.
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•		3b		
	t VI Investments—Land, Building					Λ Pa	ert X line	10				
1 61		s, una Equipine	<u>.</u>		Cost or o		(b)Cost or o		(c) Accum	ulated		
	Description of investment				s (investri		basis (oth		deprecia		(d) B	ook value
1a	Land		•									
ь	Buildings		•									
				1			l 66	9,879	1 6	521,391	1	48,488
c	Leasehold improvements							,,0,,				
	Equipment							9,034		528,045		350,989
d _e	·						5,97	•	5,6			350,989 0

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of val	uation
(including name of security)	(b)Book value	Cost or end-of-year n	
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Method of val	
	(-,	Cost or end-of-year n	narket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Iir			
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,839,113
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,347,443
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	491,676
4	Net unrealized gains (losses) on investments	4	1,420,940
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	539,226
9	Total adjustments (net) Add lines 4 - 8	9	1,960,166
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,451,842
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	 rn
1	Total revenue, gains, and other support per audited financial statements	1	19,234,106
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,420,940
3	Subtract line 2e from line 1	3	17,813,166
4	A mounts 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 25,953		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	25,95
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,839,119
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	17,321,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	17,321,490
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 25,953		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	25,95
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,347,443

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	EARNINGS FROM PERMANENTLY RESTRICTED ENDOWMENTS ARE INTENDED TO BE USED TO ADVANCE PROGRAMS IN THE FOLLOWING AREAS 1) EDUCATIONAL AND PROFESSIONAL DEVELOPMENT, 2) PUBLIC AND GOVERNMENT OUTREACH AND OTHER, AND 3) AWARD PROGRAMS FOR SCHOLASTIC ACHIEVEMENT IN ADDITION, THE BOARD OF DIRECTORS HAS ESTABLISHED A FUND THAT IS INTENDED TO FINANCE THE COST OF RELOCATING THE HEADQUARTERS OFFICE WHEN THE LEASE EXPIRES
Part X	Description of Uncertain Tax Positions Under FIN 48	SCHEDULE D, PART X, LINE 2 - EXPLANATION FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 Effective January 1, 2009, AICHE adopted the provisions of FASB Interpretation No 48 ("FIN 48"), "Accounting for Uncertainties in Income Taxes, an interpretation of FASB Statement No 109," now incorporated in Accounting Standards Codification ("ASC") 740, which provides standards for establishing and classifying any tax provisions for uncertain tax positions. The adoption of FIN 48 did not have an effect on AIChE's financial position as of January 1, 2009 or AIChE's results of operations and cash flows for the year ended December 31, 2009. AIChE is no longer subject to federal or state and local income tax examinations by tax authorities for years before 2006.
Part XI, Line 8 - Other Adjustments		PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT COST

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

Schedule I

(Form 990)

Name of the organization

WASHINGTON, DC 20036

DLN: 93493216000040

OMB No 1545-0047

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

> Open to Public Inspect ion

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Employer identification number

AMERICAN INSTITUTE OF CH	EMICAL ENGINEERS					13-1623892	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization main the selection criteria usedDescribe in Part IV the organization	to award the grants o	rassistance?				'	∀Yes
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received) if additional space i	l more than \$5,000.	Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF AUTOMOTIVE ENGINEERS 1828 L STREET NW SUITE 906	356065185	501(C)(3)	16,560		N/A	N/A	PROJECT WISE

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

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	31	31,000		N/A	N/A
See Additional Data Table					

Part IV Supplem	ental Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Funds were distributed from AIChE to the Society of Automotive Engineers (SAE), who managed the Washington Internship for Students of Engineering (WISE) program for all the sponsoring organizations in 2009. The objective is for 3rd or 4th year engineering students to learn how government officials make decisions on complex technological issues and how engineers can contribute to legislative and regulatory public policy decisions. AIChE sponsored 3 engineering students in 2009, selected from a list of applicants. The students worked under the guidance of a prominent engineering professor who served as Faculty-Member-in-Residence. Students also interacted with and were mentored by representatives of AIChE. A stipend was provided to assist with the Intern's living and travel expenses, and lodging was provided in a dormitory on the campus of George Washington University in the heart of Washington, DC. Offices were provided by the American Chemical Society where the students worked. In addition, each student researched and presented a paper on a topical engineering-related public policy issue important to the sponsoring society. The formal student presentations took place at a full-day event at the Rayburn Building in Washington, DC, and the Congressmen who interacted with the interns during the summer were invited to attend. The papers developed by AIChE-sponsored interns were made available to general membership via the AIChE website, and papers are posted on the WISE website.

Compensation Information

DLN: 93493216000040

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	RICAN INSTITUTE OF CHEMICAL ENGINEERS		13-1623892				
Pa	t I Questions Regarding Compensation		•				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence						
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reil officers, directors, trustees, and the CEO/Executive D			2	Yes		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply						
	Compensation committee		Written employment contract				
	✓ Independent compensation consultant	\ □	·				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?						
ь	Participate in, or receive payment from, a supplementa	al non	qualified retirement plan?	4b		Νo	
С	Participate in, or receive payment from, an equity-bas			4c		Νο	
	If "Yes" to any of lines 4a-c, list the persons and prov						
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must	comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a,	did the organization pay or accrue any				
а	The organization?			5a	Yes		
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any				
а	The organization?			6a	Yes		
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, II payments not described in lines 5 and 6? If "Yes," des			7	Yes		
8	Were any amounts reported in Form 990, Part VII, pai						
	subject to the initial contract exception described in R in Part ${\tt III}$	legs :	section 53 4958-4(a)(3)? If "Yes," describe				
				8		Νo	
9	If "Yes" to line 8, did the organization also follow the r section $53\ 4958-6(c)$?	ebutt	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	ncentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
RICK CAIN	(I) (II)	147,306 0	26,280 0		24,844 0	27,947 0	261,366	
JUNE C WISPELWEY	(ı) (ıı)	169,991 0	23,570 0		28,223 0	28,523 0	279,000	
ELIZABETH LAWLER	(ı) (ıı)	155,709 0	27,280 0	12,953 0	24,879 0	21,022	2 241,843	
STEPHEN SMITH	(ı) (ıı)	148,326	36,280 0	22,367 0	26,303 0	20,911	. 254,187) 0	
SCOTT BERGER	(ı) (ıı)	139,017	26,280 0	12,062	22,292	29,842 0	2 229,493	
JOHN SOFRANKO	(ı) (ıı)	1,041	115,371		28,630 0	913 0	298,418	
DORIS DEUTSCH	(ı) (ıı)	41,936 0	130,218		18,650 0	17,136 0	213,579	
CHOL SANG YOUN	(ı) (ıı)	135,158	1,750 0	· ·	16,685 0	9,210 0	170,054	
JOSEPH CRAMER	(ı) (ıı)	111,498	1,750 0		16,728 0	22,212	2 177,679 0	
CATHY DIANA	(ı) (ıı)	107,786	26,280 0			24,953 0	182,399	
	'							
							<u> </u>	
	'		<u> </u>		-	í	<u> </u>	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information		PART I, QUESTION #1A THE ORGANIZATION MAKES GROSS-UP PAYMENTS IN TWO AREAS 1) THE ESTIMATED PERSONAL USAGE VALUE OF ELECTRONIC DEVICES IS ADDED TO INDIVIDUAL INCOME, AND GROSSED UP FOR TAX PURPOSES, AND 2) THE ESTIMATED VALUE OF A CORPORATE APARTMENT IS ADDED TO INDIVIDUAL REPORTED INCOME, AND GROSSED UP FOR TAX PURPOSES PART I, QUESTION #5 THE ORGANIZATION PAID COMPENSATION CONTINGENT ON THE ADVERTISING SALES LEVEL ACHIEVED BY A SALES PERSON Part I, Question #6 The organization paid compensation contingent on the net earnings (change in net assets) of the organization Part I, Question #7 The organization paid compensation contingent on the total number of members the organization had enrolled

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE OF CHEMICAL ENGINEERS Employer identification number

13-1623892

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization has about 43,000 members. There are no stockholders
Form 990, Part VI, Section A, line 7a		The board of directors, the organization's governing body, is elected by general membership
Form 990, Part VI, Section B, line 11		The draft Form 990 and all associated schedules are first review ed by staff (Executive Director, Director of Finance and Controller). Afterwards, all documents are emailed to the entire Board of Directors (17 members) for review. They are requested to confirm receipt of the documents by return email. Board members then refer any questions or comments to the Treasurer and chair of the Audit Committee. The treasurer addresses issues and coordinates modifications as required. The treasurer then gives the chair of the Audit Committee final approval to file the Form 990 (with copy to the Board). The chair authorizes staff sign-off, and the documents are filed with the IRS.
Form 990, Part VI, Section B, line 12c		Officers, directors, and staff, including all key employees, review the conflict of interest policy anually and sign a form indicating that they understand the policy and will adhere to it while engaged in activities with AICHE All exceptions are noted and described. The chair of the Audit Committee reviews all forms for completeness and reviews the exceptions for potential issues.
Form 990, Part VI, Section B, line 15		The Compensation Committee, which is the Executive Committee of the Board of Directors, reviews the compensation of the Executive Director and key employees. An external compensation organization is hired to perform a comparability study. The Executive Committee reviews the comparability report and approves the compensation of the Executive Director. Compensation decisions of the Executive Committee are documented in a logbook, approved by the Secretary and maintained by the Director of HR. The Compensation Committee provides reports to the AIChE Board of Directors. The Executive Director is responsible for setting compensation of all staff, including key employees. The Executive Director utilizes third party compensation benchmarking studies to confirm that compensation is within guidelines.
Form 990, Part VI, Section C, line 19		The organization's documents are available to the public as follows 1) Governing documents (Constitution and Bylaws) are posted on the AIChE website (www aiche org) and contained within the AIChE Activities Directory, 2) Conflict of Interest Policy is available on the website, 3) Audited financial statements are available both in summary and complete versions on the website, and are provided on request
PART I, LINES 8, 9 AND 11 AND SCHEDULE A	EXPLANATION FOR CHANGE IN PRIOR YEAR NUMBERS	THE ORGANIZATION'S MEMBERSHIP DUES AND FINANCIAL SERVICES REVENUES ARE MORE APPROPRIATELY CLASSIFIED AS PROGRAM SERVICE REVENUE IN THE ORGANIZATION'S FORM 990 ACCORDINGLY, THE PROGRAM SERVICE REVENUES REPORTED FOR 2008 AND PRIOR YEARS HAVE BEEN INCREASED TO INCLUDE SUCH REVENUES

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

IIILEIIIZI NEVE	The a separate application to each return.	
If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	•
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	▶ □
to file inco	me tax returns.	
noted bek (not auton you must :	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file by/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Type or	Name of Exempt Organization	Employer identification number
print	AMERICAN INSTITUTE OF CHEMICAL ENGINEERS	13-1623892
File by the due date for liking your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 3 PARK AVENUE	
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016-5992	
Check typ	e of return to be filed (file a separate application for each return):	
X Forn	n 990 Form 990-T (corporation) Form 47	20
=	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	n 990-EZ Form 990-T (trust other than above) Form 60	
L Form	1 990-PF	70
	STETSON WILSON oks are in the care of \blacktriangleright 3 PARK AVENUE - NEW YORK, NY 10016-5991 one No. \blacktriangleright 646-495-1355 FAX No. \blacktriangleright 646-495-1501	
-		
	ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	
	. If it is for part of the group, check this box and attach a list with the names and EINs of all it	
	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti $\frac{15}{15}$, $\frac{2010}{15}$, to file the exempt organization return for the organization named at the organization's return for:	
	☐ calendar year 2009 or	
▶□	tax year beginning, and ending	<u> </u>
2 If this	tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any efundable credits. See instructions.	3a \$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	ayments made. Include any prior year overpayment allowed as a credit.	3ь \$
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
-	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
See ii	nstructions.	3c \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Additional Data

Software ID: Software Version:

EIN: 13-1623892

Name: AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERSHIP DUES	541,900	4,423,227	4,423,227		
MEETINGS & TECH PROG	541,900	3,354,638	3,354,638		
IND TECH ALLIANCES	541,900	1,062,404	1,062,404		
ADVERTISING	541,800	854,889		854,889	
PUBLICATIONS	511,120	353,435	353,435	_	