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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

> Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

2009

OMB No 1545-1150

Open to Public inspection

		_	idar year, or tax year beginning APRIL 01 , 2009, and er	nding MARCH 3	1	<u>, 20 10</u>
В	Check if applicable	,	C Name of organization	D Emplo	yer lo	ientification number
П	Address	hange	Please			34-1470253
\vdash	Name cha	_	Number & street (or P O box, if mail is not delivered to street addr)	Room/ suite E Teleph	one n	umber
Н	Initial retu Terminate		(4	:05)325-1737		
П	Amended	Exem	ption			
П	Application pending	n	Instructions City or town, state or country, and ZIP + 4 Norman OK 73019-1052	Numbe		· •
		501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting N		X Cash Accrual
Ĭ	Section	301(0)	a completed Schedule A (Form 990 or 990-EZ).	Other (specif		
ī	Websi	te: ▶	www.poly-eng.uakron.edu/PPS/	H Check► X I	orga	nization is not required
J	Tax-exe	mpt st	atus (check only one) X 501(c)(3) ◄ (insert no.) 4947(a)(1) or 52	to attach Sch	1 B (F	orm 990, 990-EZ, or 990-PF)
	Check ►	_	ne organization is not a section 509(a)(3) supporting organization and its gross	s receipts are normali	y not	more than \$25,000 A
	Form 99		r Form 990 return is not required, but if the organization chooses to file a retur			
			nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form			47,816
_	art I		enue, Expenses, and Changes in Net Assets or Fund Bala		uction	s for Part I.)
	1	-	ibutions, gifts, grants, and similar amounts received	<u>-</u>	1	
	2		am service revenue including government fees and contracts		2	
	3	U	bership dues and assessments		3	40,993
	4		tment income		4	6,823
	5a		s amount from sale of assets other than inventory			
	Ь		cost or other basis and sales expenses 5b			
_	ء ا		or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a))	5c	
			Hevents and activities (complete applicable parts of Schedule G). If any amount is from gami			
102 P	a		revenue (not including \$ of contributions	,		
₹₽Ñ	a		·			
⇒ü		•		· · · · · · · · · · · · · · · · · · ·		
_			amost onposition and a second of the second	١	6c	
AUG	c		come or (loss) from special events and activities (Subtract line 6b from line 6a	,	90	
	7a		sales of inventory, less returns and allowances 7a			
	Ь		cost of goods sold 7b		7-	
Z	C		profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		revenue (describe >		8	47.016
SCANNED	9		revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	•	9	47,816
S	10		s and similar amounts paid (attach schedule)	EIVED	10	
Ē	11		and the same same same same same same same sam	EI A E ()	11	
P	12		es, other compensation, and employee benefits.	S	12	450
EXPER	13			5 2010 S	13	450
S	14		pancy, rent, utilities, and maintenance	8	14	
SES	15		ng, publications, postage, and shipping OGDE	A I IS	15	55.050
	16		expenses (describe) Dec accaerment #1	aly, U	16	55,957
	17		expenses. Add lines 10 through 16		17	56,407
	18		s or (deficit) for the year (Subtract line 17 from line 9)		18	-8,591
NS	19		ssets or fund balances at beginning of year (from line 27, column (A)) (must ag	gree with		
N SE	<u>[</u>		of-year figure reported on prior year's return)		19	311,942
NET	20		changes in net assets or fund balances (attach explanation)		20	
	21		ssets or fund balances at end of year Combine lines 18 through 20	, ▶	21	303,351
P	art II	Bala	nce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more			
			· · · · · · · · · · · · · · · · · · ·	(A) Beginning of yea		(B) End of year
22			, and investments	311,942		303,351
23	Land a				23	
24			describe ▶))		24	
25	Total a	ssets .		311,942	25	303,351
26			s (describe >)	0	-	0
27	Net as	ets or	fund balances (line 27 of column (B) must agree with line 21)	311,942	27	303,351
For	Privacy	Act an	d Paperwork Reduction Act Notice, see the separate Instructions.			Form 990-EZ (2009)

09 990EZ1 TWF 33404

	rm 990-EZ (2009) Polymer Pro art III Statement of Program Serv	cessing Socie	ety 34-1470	253		Page 2
	hat is the organization's primary exempt purpos		erits (See the instruction	ins ior Fait III.)	l Reau	Expenses ured for section 501(c)(3)
	scribe what was achieved in carrying out the c		manage In a place and as			01(c)(4) organizations and
	scribe what was achieved in carrying out the conscious the services provided, the number of pe				1	on 4947(a)(1) trusts, optional
28	scribe the services provided, the number of pe	sisons benefited, & other	relevant information for	each program title	107 01	hers)
20						
			,		İ	
	(Create the house of the control of					
	(Grants \$) If this arr	nount includes foreign gra	ants, check here	▶	28a	
29						
			.			
						
	(Grants \$) If this am	ount includes foreign gra	ints, check here	▶	29a	
30						
	(Grants \$) If this am	ount includes foreign gra	nts, check here ,		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this ame	ount includes foreign gra	nts, check here	▶ 🗆	31a	
32	Total program service expenses (add lines 2	28a through 31a) .		>	32	0
Pa	rt IV List of Officers, Directors, T	rustees, and Key	Employees. List each	one even if not compen	sated	(See the instr for Part IV)
		(b) Title and average	(c) Compensation	(d) Contributions	to	(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefit pla deferred compensati		account and other allowances
Se	e attachment #2			· ·		···
						
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Form 990-EZ (2009) Polymer Processing Society 34-1470253

Part V Other Information (Note the statement requirements in the instructions for Part V)

			7 es	NO
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			
	the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	1		
þ	Did the organization file Form 1120-POL for this year?	37Ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▷ , section 4912 ▷ , section 4955 ▷] :		
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction			
	during the year or is it 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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections			
	4912, 4955, and 4958 ▷	}		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
	Located at ▶ ZIP + 4 ▷			
b	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		Yes	
	account)?	42b		X
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X_
	If "Yes," enter the name of the foreign country ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ []
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		_X_
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"			
	Form 990 must be completed instead of Form 990-EZ	45		<u>X</u>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

•						
m 990-EZ(2009) Polymer Processing Society 34-1470253		Pa	age 4			
art VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts on						
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and co	omplet	te the t	ables			
for lines 50 and 51						
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Yes	No			
for public office? If "Yes," complete Schedule C, Part I	46		Х			
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X			
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х			

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) 50 who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Nam	ne and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE			
		İ	
d Total nur	mber of other independent contractors each receiving over \$100,000	<u> </u>	<u></u>
a rotarna	made of other madportagnic contractors such researching aver prospect	****	
	Under penalties of perjury, I declare that I have examined this return, include	ding accompanying schedules	and statements, and to
	the best of my knowledge and belief, it is true, correct, and complete Deck	aration of preparer (other than	officer) is based on all
	information of which preparer has any knowledge	, , ,	1 1
Sian		1	7/1/10

Here

46

47

48

Signature of officer

M Cengiz Altan Type or print name and title

Treasurer

Paid Preparer's Use Only

signature Mark E Gunkel

Date 7 CPA

74074

OK

self-employed ▶ EIN

Check If

Prenarer's identifying no (See instr.) P00285582 ►73-137953x

49a

49b

Firm's name (or yours if self-employed), address, and ZIP + 4

S Main 903 Stillwater,

Phone no ▶ 405-624-9999

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Polymer Processing Society 34-1470253 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(li). (Attach Schedule E.) 3 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, 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). 6 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) 8 An organization that normally receives (1) more than 33 1/3 % 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 33 1/3 % 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(l) and (iii) below, the governing body of the supported organization? 11g(ii) (II) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (VI) Is the (vil) Amount of (III) Type of organization (IV) Is the organization (V) Did you notify the (I) Name of supported (II) EIN organization in col (i) in col (I) listed in your organization in col (I) support organization (described on lines 1-9 organized in the above or IRC section governing document? of your support? US? (see instructions)) Yes No Yes Yes

SCHEDULE OF OTHER EXPENSES Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16					
Open to Public					
Inspection For calendar year 2009 or tax period beginning 04-01-2009, and ending	03-31-2010.				
Name of Organization	Employer identification Number				
Polymer Processing Society	34-1470253				
Description of Other Expenses	Amount				
Polymer Processing Society	34-1470253				
	Total 55,957				
NV - 0 - 115 - 10 (1 01) 2000 TW 10005					

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CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV								
Open to Public	o BB rage 2,	FAIL IV						
Inspection For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.								
Name of Organization Employer Identification Number								
Polymer Processing Society 34-1470253								
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont to Employee	(E) Expense Account				
(A) Name and Address	Hrs per Week	not paid, enter 0)	Ben Plans & Def Comp					
Takeshi Kikutani	President	not paid, enter 0)	Dell Flatis & Del Comp	& Other Anowalices				
Takesiii Kikucaiii	riesident							
Tokyo, Japan, 152-8552 Case Western Reserve University Dept of Macromolecular Science	Vice-Presiden	0	0	0				
10900 Euclid Ave Kent Hale Smith Building Cleveland, OH 44106 M Cengiz Altan 865 Asp Avenue, Room 205 Norman, OK 73019	Treasurer	0	0	0				
Evan Matsoulis	Secretary	٧	٩	U				
Evan Matsouris	Secretary							
Athens, Greece,		0	0	0				
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BOOKS ARE IN CARE OF						
Attachment	3 - 990-EZ Page 3	, Part V,	Line 42	a		
Open to Public						
Inspection	For calendar year 2009 or tax peri	od beginning	04-01	, and ending	03-31-2010.	
Name of Organizati					Employer identification Number	
Polymer Pr	ocessing Society				34-1470253	
Part V - Line 42a						
Individual Name or			M Cen	giz Altan		
Business Name						
Street Address			865 A	sp Ave, Rm	205, Norman, OK	
U S Address						
Zıp code or Foreign Address	73019-1052 City			Sta	te	
City						
Province or	State			 		
Country	• • •					
Postal code						
Phone Numb	per		•		(405)325-1737	
Fax Number			•		(405)325-1088	