See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENG

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 2160

City or town | state or country | ZIP + 4
SUGAR LAND | TX | 77487-2160

D Employer identification number
23-7429667

E Telephone number
(361) 522-9774

F Group Exemption Number ▶ 2603

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ http://www.sts-aiche.org

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 158,528

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	142,400
	3	Membership dues and assessments	3	16,088
	4	Investment income	4	40
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	158,528
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12,075
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	600
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	118,332
	17	**Total expenses.** Add lines 10 through 16 ▶	17	131,007
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,521
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,244
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	119,765

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	92,244	22	119,765
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	92,244	25	119,765
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	92,244	27	119,765

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? CHEMICAL ENGINEERING EDUCATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	STATEMENT ATTACHED FOLLOWING SCHEDULE A (Grants $ 12,075) If this amount includes foreign grants, check here ▶ ☐	28a	118,932
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	118,932

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SCHEDULE	Title Hr/WK 00	0		
ATTACHED	Title Hr/WK .00	0		
FOLLOWING	Title Hr/WK .00	0		
SCHEDULE A	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	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 ▶ _____			
e	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. ▶ _____			
42 a	The organization's books are in care of ▶ HIREN PATANI Telephone no ▶ (361) 522-9774			
	Located at ▶ POST OFFICE BOX 820252 City HOUSTON ST TX ZIP + 4 ▶ 77282-0252			
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 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 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) 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
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over $100,000 ▶

51 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) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Hiren Patani — Signature of officer — Date 7/27/2011

Hiren Patani & Ex-Treasurer — Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JOSEF G. KAMERLING	Josef G. Kamerling	7/29/11	☐	P01070067
Firm's name ▶ KAMERLING & DOUGLASS, INCORPORATED				Firm's EIN ▶ 74-1789251
Firm's address ▶ 4709 MERWIN STREET, HOUSTON, TX 77027-6607				Phone no 713 627-7560

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS	23-7429667

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ 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)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ 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).

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0					0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0					0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%

16a **33 1/3% support test–2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test–2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test–2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	16,890	20,426	23,828	27,824	16,088	105,056
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	47,207	29,137	51,735	89,733	142,400	360,212
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 **Total.** Add lines 1 through 5	64,097	49,563	75,563	117,557	158,488	465,268
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	465,268

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	64,097	49,563	75,563	117,557	158,488	465,268
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,261	2,467	2,269	115	40	6,152
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,261	2,467	2,269	115	40	6,152
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	65,358	52,030	77,832	117,672	158,528	471,420

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.70%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	98.12%

Section D. Computation of Investment Income Percentage

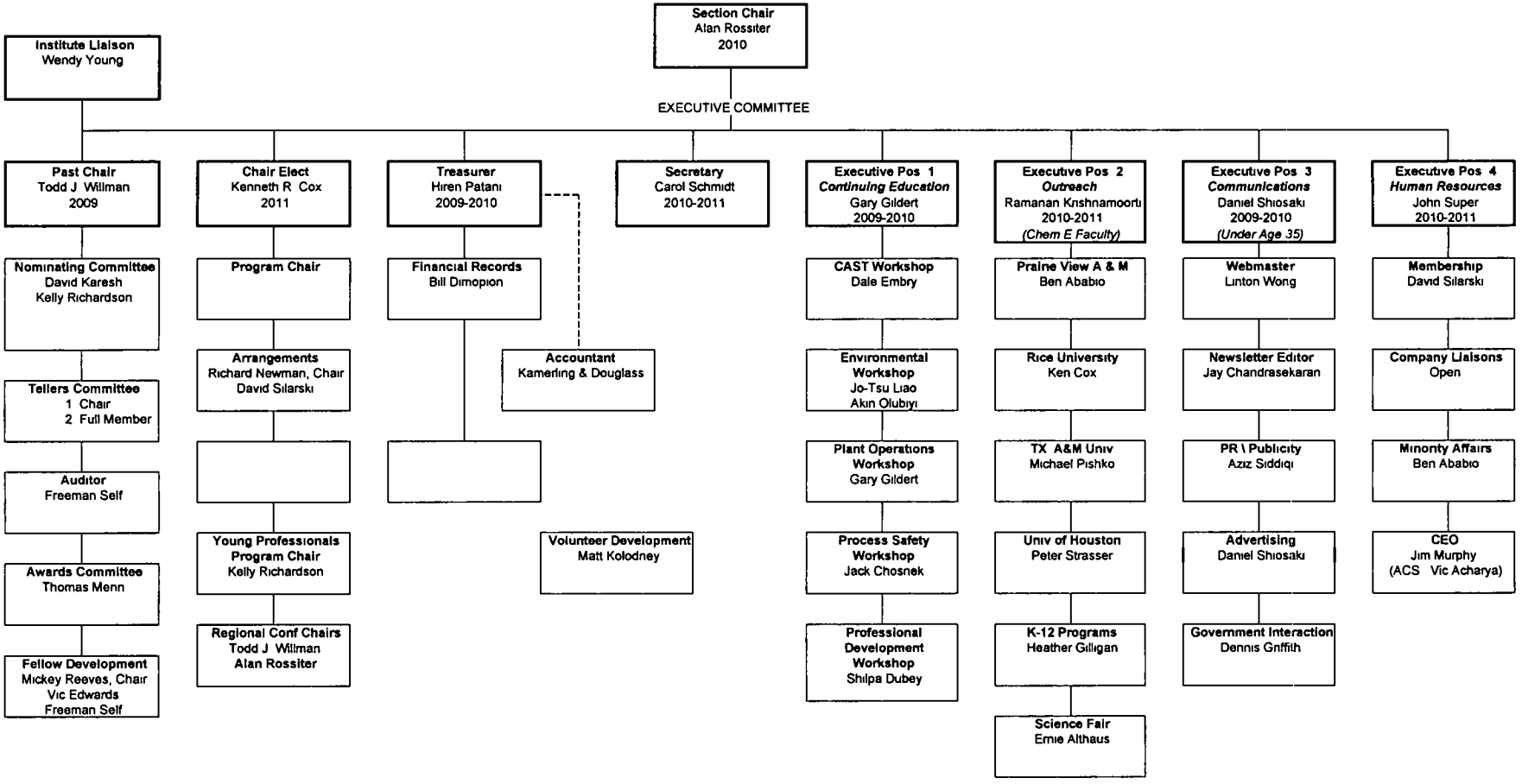
17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	1.30%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	1.88%

19a **33 1/3% support tests–2010.** 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 organization ▶ ☒

b **33 1/3% support tests–2009.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

AMERICAN INSTITUTE OF CHEMICAL ENGINEERS
SOUTH TEXAS SECTION ORGANIZATION CHART 2010



Home » Contact » Executive Board

Executive Board

Leadership

Officers

Chair	Kenneth R. Cox	*Rice University*	sts-chair@aiche org
Chair Elect	James Turner	*Fluor*	sts-chairelect@aiche org
Past Chair	Alan Rossiter	*Rossiter & Associates*	sts-pastchair@aiche.org
Secretary	Carol Schmidt		sts-secretary@aiche.org
Treasurer	Katherine Leskin	*Fluor*	sts-treasurer@aiche org

Executive Commitee

Position 1 ***Education***	Heather Gilligan	*ExxonMobil*	sts-position1@aiche org
Position 2 ***Outreach***	Ramanan Krishnamoorti	*University of Houston*	sts-position2@aiche.org
Position 3 ***Communications***	Jay Chandrasekaran	*KBR*	sts-position3@aiche org
Position 4 ***Human Resources***	John Super		sts-position4@aiche org

Address

P O. Box 2160
Sugar Land, TX 77487-2160

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS	23-7429667

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: PUBLIC CHARITY, Grantee: CITIZENS ENVIRONMENTAL COALITION HOUSTON TX, Cash Grant: 75, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: JACQUELINE HEARD HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: ELIZABETH WALLACE HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: PERSHAUNA BUTLER HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: JONATHAN LO HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: ADAM SPRIGGS HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: JONATHAN MOHLER HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: DANIELLE BAKER HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: MARK DEIMUND HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: MEAGHIN LUCERO HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: NATALIA SALIES HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: MAZEN ABDULBAKI HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SCHOLARSHIP, Grantee: KENNAN STUHR HOUSTON TX, Cash Grant: 1,000, Relationship: NONE

Name of the organization	Employer identification number
SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS	23-7429667

Form 990-EZ, Part I, Line 16, Other Expenses: AWARDS: 1,464

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES. 68

Form 990-EZ, Part I, Line 16, Other Expenses: CEO REIMBURSED EXPENSES: 101

Form 990-EZ, Part I, Line 16, Other Expenses: CREDIT CARD FEES: 2,259

Form 990-EZ, Part I, Line 16, Other Expenses: ELECTIONS: 1,585

Form 990-EZ, Part I, Line 16, Other Expenses: ENGINEERS COUNCIL OF HOUSTON DUES AND MEETINGS: 400

Form 990-EZ, Part I, Line 16, Other Expenses: EXECUTIVE COMMITTEE EXPENSES: 715

Form 990-EZ, Part I, Line 16, Other Expenses: K-12: 307

Form 990-EZ, Part I, Line 16, Other Expenses: MEETINGS: 44,371

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS: 1,313

Form 990-EZ, Part I, Line 16, Other Expenses: P E EXAMINATION: 13,355

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE: 45

Form 990-EZ, Part I, Line 16, Other Expenses: PROCESS TECHNOLOGY CONFERENCE: 35,984

Form 990-EZ, Part I, Line 16, Other Expenses: SCIENCE FAIR: 2,560

Form 990-EZ, Part I, Line 16, Other Expenses: STUDENT CHAPTER SUPPORT: 8,000

Form 990-EZ, Part I, Line 16, Other Expenses: TREASURER EXPENSES: 3

Form 990-EZ, Part I, Line 16, Other Expenses: WEB HOSTING: 97

Form 990-EZ, Part I, Line 16, Other Expenses YOUNG PROFESSIONALS: 5,150

SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS 23-7429667

FORM 990-EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE SOUTH TEXAS SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS ATTEMPTS TO FURTHER THE AIMS AND PURPOSES OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS AND THE ADVANCEMENT OF THE SCIENCE OF CHEMICAL ENGINEERING AND OF RELATED SCIENCES THROUGH THE EDUCATION OF MEMBERS AND NON MEMBERS IN THE CHEMICAL ENGINEERING AND RELATED SCIENCES, CAREER GUIDANCE AND FINANCIAL ASSISTANCE TO STUDENTS OF CHEMICAL ENGINEERING AND THE ENCOURAGEMENT OF RESEARCH IN THE SCIENCE OF CHEMICAL ENGINEERING

TO ACCOMPLISH THESE AIMS AND PURPOSES THE SOUTH TEXAS SECTION ENGAGES IN THE FOLLOWING ACTIVITIES:

1. REGULAR MONTHLY MEETINGS OF THE MEMBERSHIP AT WHICH TOPICS OF INTEREST TO THE CHEMICAL ENGINEERING COMMUNITY ARE PRESENTED
2. PUBLICATION OF A MONTHLY NEWSLETTER CONTAINING INFORMATION OF INTEREST TO THE CHEMICAL ENGINEERING COMMUNITY
3. PARTICIPATION IN SCIENCE FAIRS AND OTHER ACTIVITIES DESIGNED TO MAKE INFORMATION AVAILABLE TO THE GENERAL PUBLIC AND THE CHEMICAL ENGINEERING COMMUNITY
4. AWARDING OF SCHOLARSHIPS TO STUDENTS INTERESTED IN CHEMICAL ENGINEERING AND OTHER RELATED SCIENCES

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	0

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	40
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	40

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	PUBLIC CHARITY	CITIZENS ENVIRONMENTAL C			HOUSTON	TX		
2	SCHOLARSHIP	JACQUELINE HEARD			HOUSTON	TX		
3	SCHOLARSHIP	ELIZABETH WALLACE			HOUSTON	TX		
4	SCHOLARSHIP	PERSHAUNA BUTLER			HOUSTON	TX		
5	SCHOLARSHIP	JONATHAN LO			HOUSTON	TX		
6	SCHOLARSHIP	ADAM SPRIGGS			HOUSTON	TX		
7	SCHOLARSHIP	JONATHAN MOHLER			HOUSTON	TX		
8	SCHOLARSHIP	DANIELLE BAKER			HOUSTON	TX		
9	SCHOLARSHIP	MARK DEIMUND			HOUSTON	TX		
10	SCHOLARSHIP	MEAGHIN LUCERO			HOUSTON	TX		
11	SCHOLARSHIP	NATALIA SALIES			HOUSTON	TX		
12	SCHOLARSHIP	MAZEN ABDULBAKI			HOUSTON	TX		
13	SCHOLARSHIP	KENNAN STUHR			HOUSTON	TX		
14								
15								
16								
17								
18								
19								
20								

Part 12,075 0 0

	Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date receiv
1	75	NONE							
2	1,000	NONE							
3	1,000	NONE							
4	1,000	NONE							
5	1,000	NONE							
6	1,000	NONE							
7	1,000	NONE							
8	1,000	NONE							
9	1,000	NONE							
10	1,000	NONE							
11	1,000	NONE							
12	1,000	NONE							
13	1,000	NONE							
14									
15									
16									
17									
18									
19									
20									

Part I, Line 16 (990-EZ) - Other Expenses

118,332

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	AWARDS	13	1,464
14	BANK CHARGES	14	68
15	CEO REIMBURSED EXPENSES	15	101
16	CREDIT CARD FEES	16	2,259
17	ELECTIONS	17	1,585
18	ENGINEERS COUNCIL OF HOUSTON DUES AND MEETINGS	18	400
19	EXECUTIVE COMMITTEE EXPENSES	19	715
20	K-12	20	307
21	MEETINGS	21	44,926
22	MISCELLANEOUS	22	1,313
23	P. E. EXAMINATION	23	13,355
24	POSTAGE	24	45
25	PROCESS TECHNOLOGY CONFERENCE	25	35,984
26	SCIENCE FAIR	26	2,560
27	STUDENT CHAPTER SUPPORT	27	8,000
28	TREASURER EXPENSES	28	3
29	WEB HOSTING	29	97
30	YOUNG PROFESSIONALS	30	5,150
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	