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DLN: 93493212000123

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable AMERICAN INSTITUTE OF CHEMICAL ENGINEERS Address change 13-1623892 Doina Business As Name change ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (800) 242-4363 City or town, state or country, and ZIP + 4 NEW YORK, NY 100165992 Amended return Application pending **G** Gross receipts \$ 21,010,139 Name and address of principal officer **H(a)** Is this a group return for Yes
 No affiliates? 3 PARK AVENUE NEW YORK, NY 100165992 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▼** 501(c)(3) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) () ◀ (insert no) H(c) Group exemption number ▶ Website: ► WWW AICHE ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1908 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities 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 Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 97 1,000 6 Total number of volunteers (estimate if necessary) . 990,207 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 4,408,029 3,835,506 Program service revenue (Part VIII, line 2g) . 12,559,974 9 13,130,281 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 655,727 1,622,054 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,705,465 2,350,619 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 20,938,460 19,329,195 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 28,000 17,500 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 8,679,598 9,548,827 Expenses 5 - 10)16a Professional fundraising fees (Part IX, column (A), line 11e) . 68,000 66,220 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 713,809 8,973,968 9,391,643 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,749,566 19,024,190 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 1,579,629 1,914,270 (Assets or defined despes) **Beginning of Current End of Year** Year 20 23,341,381 Total assets (Part X, line 16) . 19,912,807 21 Total liabilities (Part X, line 26) 9,724,220 10,185,428 22 Net assets or fund balances Subtract line 21 from line 20 10,188,587 13,155,953 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-07-31 Signature of officer Sign Here UNE WISPELWEY EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name ROBERT R LYONS Preparer's signature Date Check

Firm's address - 685 THIRD AVENUE

Firm's name FMARKS PANETH & SHRON LLP

NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see instructions) .

Paid

Preparer

Use Only

✓ Yes ☐ No

P00227472

self-employed

Firm's EIN 🟲 11-3518842

Phone no (212) 503-8800

Par		of Program Ser			tIII	
1	Briefly describe the o					
INFO		OGE, AND PROFES	SIONAL COMMU	UNICATION AND	EET THE NEEDS OF CHEI O TO SERVE SOCIETY, PA	
2	Did the organization to the prior Form 990 or If "Yes," describe the	990-EZ?			year which were not listed	on
3	·	cease conducting, o	or make significar	nt changes in how	ıt conducts, any program	
4)1(c)(3) and 501(c)(4) organizations	s are required to r	ts three largest program se eport the amount of grants	
4a	(Code) (Expenses \$	4,673,998	ıncludıng grants of	\$) (Rever	nue \$ 1,735,394)
	RESEARCH TECHNOLOGY	TRANSFER AND OTHE	R ACTIVITIES THE A	BOVE REVENUE EXCLU		DRATE AND LEVERAGE RESOURCES FOR BLE CONTRIBUTIONS AND GRANTS OF
4b	(Code) (Expenses \$	2,493,769	ıncludıng grants of	\$) (Rever	nue \$ 4,317,897)
	MEMBERSHIP - TO PROV PRODUCES A JOURNAL (IDE A FOUNDATION FO CHEMICAL ENGINEERIN THE ABOVE REVENUE EX	R AICHE MEMBERS TO IG PROGRESS) WHIC XCLUDES REVENUES O	O KEEP CURRENT, CO H PROVIDES ESSENTI FROM CHARITABLE CO	DNNECTED, AND SECURE THROU AL TECHNICAL AND PROFESSION	
	(Code) (Expenses \$	2,709,258	ıncludıng grants of	\$) (Rever	nue \$ 5,007,456)
	`	PROGRAMMING - TO C	CONDUCT TECHNICAL	3 3		US LOCATIONS IN ORDER TO PROMOTE
	(Code) (Expenses \$	2,290,483	ıncludıng grants of	\$) (Rever	nue \$ 1,311,149)
	PUBLICATIONS - TO PUB	LISH A VARIETY OF PER	IODICALS, BOOKS AN	ND OTHER MATERIALS	,	D RELATED TOPICS FOR DISTRIBUTION
	(Code) (Expenses \$	189,351	ıncludıng grants of	\$) (Rever	nue \$
		ALL FINANCIAL RELATE	D BENEFITS THE AB			H A SELECTION OF FINANCIAL SERVICI PORTED IN PART VIII, LINE 3 AND
	(Code) (Expenses \$	1,084,748	ıncludıng grants of	 \$ 17,500) (Reve	nue \$ 207,749)
		ERATING REVENUES, A	ND A PORTION OF IN	VESTMENT RETURN	D OF DIRECTORS FROM SURPLU THE ABOVE REVENUE EXCLUDES	
	(Code) (Expenses \$	1,491,786	ıncludıng grants of	\$) (Rever	 nue \$ 550,636)
	EDUCATION SERVICES -	TO PROVIDE SEMINARS	AND COURSES TO T	HE GENERAL PUBLIC	WHICH PROVIDES EDUCATIONAL	OPPORTUNITIES RELATED TO CHEMIC ROYALTIES OF \$59,098 REPORTED IN
	Other program servi	ices (Describe in S	chedule O)			
	(Expenses \$		including grants o	of \$	17,500) (Revenue \$	2,069,534)
4e	Total program service	ce expenses 🗠	14,933,393			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		100
8	complete Schedule D, Part III 🕏	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	110
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		Yes	
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 IV			1
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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? If "Yes," 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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

G .	Statements Regarding Other 1R5 Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 143			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
a.	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
_		2-	V	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_	Door the organization have applied some manufacture that are manufacture than \$100,000.	5c		ь.
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
)	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
!	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N.
	Contract?	7e 7f		N ·
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			IN
l	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
,	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
)	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	[
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
_	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

Check if Schedule O contains a response to any question in this Part VI				

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
Ь	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		No No
	organization's maining dudress. If ites, provide the names and dudresses in schedule of a first first first first			
Se		eveni	ie Codi	<u> </u>
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>Ie Cod</i> Yes Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official O ther officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed▶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 made these available. Check all that apply
 - Own website Another's website Vipon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►STETSON WILSON 3 PARK AVENUE NEW YORK, NY (646)495-1355

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DAVID A ROSENTHAL	16 00	х		х				0	0	0
PRESIDENT (2) DR RUYLLER R WESTMORELAND					_					
(2) DR PHILLIP R WESTMORELAND PRESIDENT-ELECT	8 00	х		х				0	0	0
(3) DR MARIA K BURKA	20 00									
PAST PRESIDENT		Х		Х				0	0	0
(4) PROF KIMBERLY L OGDEN	3 00									
SECRETARY		Х		Х				0	0	0
(5) DR ANDRE R DA COSTA	10 00									
TREASURER		х		Х				0	0	0
(6) DR MONTY M ALGER	2 00									
	2 00	х						0	0	0
DIRECTOR (7) DR ROBERT C ARMSTRONG	2 00									
	2 00	х						0	0	0
DIRECTOR (8) T BOND CALLOWAY JR	2.00									
(8) I BOIND CALLOWAT JR	2 00	x						0	0	0
DIRECTOR										
(9) JOHN F CIRUCCI	4 00	×						0	0	0
DIRECTOR										
(10) PROF JOHN G EKERDT	2 00	l x						0	0	0
DIRECTOR										
(11) PROF CAROL K HALL	2 00	×						0	0	0
DIRECTOR								Ŭ	0	
(12) KARL V JACOB	4 00	×						0	0	0
DIRECTOR		L^							U	
(13) FREEMAN E SELF	2 00									
DIRECTOR		X						0	0	0
(14) JOHN W HIPPLE	3 00							F 000		
DIRECTOR		X						5,000	0	0
(15) DR CHARLENE A WALL-WARREN	2 00	Ţ.,							_	_
DIRECTOR (FORMER)		X						0	0	0
(16) DR ROSEMARIE D WESSON	2 00									
DIRECTOR		Х						0	0	0
(17) PROF KATHERINE S ZIEMER	3 00									
		x						0	0	0
DIRECTOR										

Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h aı	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amount compe from	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	1 -	zation elated zations
(18)	THOMAS F DEGNAN JR	1 00	x						0		0	0
DIREC		10.00				_						
	UNE C WISPELWEY	40 00			×				356,451		0	70,495
	JTIVE DIRECTOR RICK CAIN	40 00									-	
, ,	CTOR, FINANCE, IT, & DATABASE	10 00			х				256,744		0	73,423
	ELIZABETH LAWLER	40 00										
DIREC	CTOR, OPERATIONS					X			245,351		0	71,714
	STEPHEN SMITH	40 00				.,			245.040			
DIR,	TECHNICAL ACTIVITIES & COMM					Х			246,048		0	130,798
(23)	SCOTT BERGER	40 00				х			239,026		0	79,924
	CTOR, CCPS, CHEMICALS					Ë						
. ,	CATHY DIANA	32 00					x		173,388		0	79,850
	HR, FOUNDATION & OFFICE SVCS OUISA NARA	40 00				-					-	
` '		40 00					x		166,865		О	33,817
	TECHNICAL DIRECTOR DORIS DEUTSCH	40 00										
GLOB	AL DISPLAY SALES MANAGER						X		164,705		0	40,260
	AMIT GUPTA	40 00										
DIREC	CTOR, INFORMATION TECHNOLOGY						×		158,595		0	20,844
(28)	EFFREY WOOD	40 00					х		151,793		0	61,156
DIREC	CTOR, MEETINGS										9	
1b	Sub-Total			<u> </u>	<u>. </u>		 				1	
c	Total from continuation sheets to Part	VII, Section A					▶					
d	Total (add lines 1b and 1c)								2,163,966	0		662,281
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rece	eived more than			
											Yes	No
3	Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule J			e, key	y em	plo •	yee, o	rhig • •	hest compensate	d employee	.	No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive	e or accrue com	pensat	ion f	rom	anv	unrel	ated	organization or i	<u> </u>	163	
	services rendered to the organization?									5	;	No
Se	ection B. Independent Contracto	rs										
1	Complete this table for your five highes compensation from the organization Re										's tax yea	
		(A) usiness address							Descripti	(B) on of services	Compe	C) nsation
	LE BELCHODE DO DOV 222 BEDVELEV HEIGHTC N								<u> </u>	TC CONCLUTANT		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAMILLE BELCUORE PO BOX 277 BERKELEY HEIGHTS NJ 07922	MEMBER BENEFITS CONSULTANT	113,237
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

		Check if Schedule O contains a respon	se to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
w 20	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
0 E	С	Fundraising events 1c	298,371				
£,₹	d	Related organizations 1d					
i <u>5</u> [2]	e	Government grants (contributions) 1e					
Sin	-		2 527 125				
声	f	All other contributions, gifts, grants, and similar amounts not included above	3,537,135				
₽ ₽	g	Noncash contributions included in lines 1a-1f \$	į	į	į		
Cont	h	Total. Add lines 1a-1f		3,835,506			
Se		Total Mac Miles 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Ele	2a	MEETINGS & TECH PROG	Business Code	E 007 456	E 007 456		
ever	b	MEMBERSHIP DUES	541900 541900	5,007,456	5,007,456		
选	c	IND TECH ALLIANCES		4,317,897	4,317,897		
Ş.	d	ADVERTISING	541900	1,735,394	1,735,394	000 207	
Program Serwce Revenue	a e	PUBLICATIONS	541800 511120	990,207 320,942	320,942	990,207	
Ē	f	All other program service revenue	511120	758,385	758,385		
Į,	•			758,385	758,385		
	g	Total. Add lines 2a-2f	+	13,130,281			
	3	Investment income (including dividence and other similar amounts)		860,105			860,10
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨	2,350,619			2,350,61
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 761,949 assets other than inventory					
	b	Less cost or other basis and 0					
		sales expenses					
	C	Gain or (loss) 761,949		764.040			764.04
	d 8a	Net gain or (loss)	· · · · •	761,949			761,94
Other Revenue		Gross income from fundraising events (not including \$\frac{298,371}{0}\$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a	71,679				
	b	Less direct expenses b	71,679				
	c 9a	Net income or (loss) from fundraising e Gross income from gaming activities See Part IV, line 19	events 🛌	0			
		a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activ	/ities -				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inve	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	🗚	20.022.15	12.110.07	202 22	3,972,67
				20,938,460	12,140,074	990,207	3.972.6

Part IX Statement of Functional Expenses

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	-		lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			_
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,500	12,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,000	5,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	-,,	-,,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,277,440	715,463	561,977	
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	6,478,406	5,351,565	1,009,358	117,483
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	672,726	595,873	68,545	8,308
9	Other employee benefits	682,103	599,100	75,181	7,822
10	Payroll taxes	438,152	363,666	70,104	4,382
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,853	10,082	10,771	
c	Accounting	40,775		40,775	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	66,220			66,220
f	Investment management fees	40,858		40,858	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,728,899	2,540,862	161,558	26,479
12	Advertising and promotion	631,460	621,150		10,310
13	Office expenses	659,514	607,830	42,132	9,552
14	Information technology				
15	Royalties	83,004	83,004		
16	Occupancy	647,235	188,896	458,339	
17	Travel	683,352	611,928	62,022	9,402
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,328,223	1,232,901	10,118	85,204
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,258	81,680	22,578	
23	Insurance	99,386		99,386	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS AND DUES	941,424	25,803	575,692	339,929
b	EQUIPMENT RENTAL	742,133	715,690	6,671	19,772
c	PRINTING & PUBLICATIONS	412,174	402,019	2,409	7,746
d	TELEPHONE	228,095	168,381	58,514	1,200
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,024,190	14,933,393	3,376,988	713,809
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,908,368	1	4,031,041
	2	Savings and temporary cash investments	444,240	2	445,324
	3	Pledges and grants receivable, net	80,498	3	62,240
	4	Accounts receivable, net	1,695,518	4	1,639,833
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
	_			6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	304,919	8	440,000
	9 10a	Prepaid expenses and deferred charges	·	9	448,000
	Ь	Less accumulated depreciation	237,930	10c	335,254
	11	Investments—publicly traded securities	14,241,334	11	16,379,689
	12	Investments—other securities See Part IV, line 11	11,211,001	12	10,010,000
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,912,807	16	23,341,381
	17	Accounts payable and accrued expenses	6,041,229	17	5,846,523
	18	Grants payable	0,041,220	18	0,010,020
	19	Deferred revenue	3,682,991	19	4,338,905
	20	Tax-exempt bond liabilities	0,002,001	20	1,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	9,724,220	26	10,185,428
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	0,724,220	20	10, 100, 420
ĭ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	9,226,683	27	12,054,021
<u>छ</u>	28	Temporarily restricted net assets	362,729	28	383,390
<u> </u>	29	Permanently restricted net assets	599,175	29	718,542
Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and	399,173	23	7 10,542
Ξ.		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net '	33	Total net assets or fund balances	10,188,587	33	13,155,953
Ź	34	Total liabilities and net assets/fund balances	19,912,807	34	23,341,381
		,	,,,-		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,9	938,460
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,0	024,190
3	Revenue less expenses Subtract line 2 from line 1	3			914,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			188,587
5	Net unrealized gains (losses) on investments	5		-	959,997
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			93,099
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,1	155,953
Par	t XIII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

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As Filed Data -

DLN: 93493212000123

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

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.

2012

Open to Public Inspection

					- (-11				13-16238		
	rt I			blic Charity Sta		•				nstruction	is.
	rganı —		•	te foundation becaus	•		- ,	•	•		
1	<u> </u>		-	on of churches, or a				ection 170((b)(1)(A)(i).		
2		A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)				
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ibed in sectio	n 170(b)(1	.)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in se	ection 170(b)(1)(A)(iii)	. Enter the
_	_			ty, and state							
5	ı		•	erated for the benefi	-	or universi	ty owned or o	perated by	a governmen	tal unit de:	scribed in
	_			A)(iv). (Complete P	•						
6			•	local government o	_						
7	ļ			at normally receives			support from	a governm	ental unit or f	rom the ge	neral public
8	Г			n 170(b)(1)(A)(vi). described in sectio r			mnlete Dart II	.)			
9	<u> </u>		-	at normally receives			•	-	hutions mam	harchin fai	ee and arose
•	1.	_		ities related to its e			* *		•		· =
		•		oss investment inco	· ·	=					
				ganızatıon after June						tax) II o III i	Justiliesses
10	_	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_								o carry ou	t the nurneses of
11	ı			ganized and operated ly supported organiz							
			•	bes the type of supp				•		ee Section	bos(u)(b): check
		a	Type I	b	Type II	I - Function	ally integrate	ed d	Type III - No	on-functio	nally integrated
е	Γ	,	-	ox, I certify that the	_				, ,		•
				on managers and ot	her than one	or more pub	olicly support	ed organiza	itions describ	ed in secti	on 509(a)(1) or
£			1509(a)(2)	received a written de	atarmınatıan	from the ID	C that it is a	Tuna I Tu	aall arTwna	III cuppo	rting organization
•			this box	received a writteri d	etermination	nom the 1k	.5 that it is a	Type I, Ty	be II, or Type	III Suppo	
g				2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the		,
			ng persons?								
				irectly or indirectly o	•		-	persons de	escribed in (ii)		Yes No
				governing body of th		_	n?				lg(i)
				er of a person descr							.g(ii)
		• •		lled entity of a perso						11	g(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				
	:\ Nam	6	(::) ETN	(III) Tuna af	(:) To (- La	1 (11) D.d. (15)		(1.1)] -	.	
•	i) Nan suppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organi:		(vi) Is organizat		(vii) A mount of monetary
	ganiz			(described on	col (i) list		ın col (i) d		col (i) org		support
	•			lines 1 - 9 above	your gove		suppor	•	ın the U		
				or IRC section	docume	nt?					
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
						 		1		 	

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	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 Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ┡	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	5,447,029	4,221,621	4,150,483	4,408,028	3,835,506	22,062,667
	not include any "unusual grants ")	3,117,023	1,221,021	1,130,103	1, 100,020	3,033,300	22,002,007
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to	10,539,738	9,708,158	10,822,280	11,458,531	12,140,074	54,668,781
	the organization's tax-exempt						
	purpose						
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	15,986,767	13,929,779	14,972,763	15,866,559	15,975,580	76,731,448
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						U
ь	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of						C
	the amount on line 13 for the year						
c	Add lines 7a and 7b						C
8	Public support (Subtract line 7c						76,731,448
Se	from line 6) ction B. Total Support	<u> </u>				l	
	ndar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	beginning in) 🟲						
9	Amounts from line 6 Gross income from interest.	15,986,767	13,929,779	14,972,763	15,866,559	15,975,580	76,731,448
L0a	dividends, payments received						
	on securities loans, rents,	3,859,919	1,781,363	2,314,150	2,084,722	3,210,724	13,250,878
	royalties and income from						
ь	similar sources Unrelated business taxable						
_	income (less section 511						
	taxes) from businesses						
c	acquired after June 30, 1975 Add lines 10a and 10b	3,859,919	1,781,363	2,314,150	2,084,722	3,210,724	13,250,878
11	Net income from unrelated	-,,-		_,,	_,,,,		,,
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of	272,804	180,855				453,659
	capital assets (Explain in Part IV)	·					
13	Total support. (Add lines 9,	20,119,490	15,891,997	17,286,913	17,951,281	19,186,304	90,435,985
	10c, 11, and 12)	, ,	, ,	, ,			
14	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, ▶□
Se	ction C. Computation of Pub	lic Support Pe	ercentage				<u> </u>
15	Public support percentage for 2012			13, column (f))		15	84 850 %
16	Public support percentage from 20	11 Schedule A, Pa	art III, line 15			16	86 800 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	2012 (line 10c, co	olumn (f) dıvıded	by line 13, colum	n (f))	17	14 650 %
18	Investment income percentage from	m 2011 Schedule /	A, Part III, line 1	7		18	12 330 %
19a	33 1/3% support tests—2012. If the						line 17 is not

33 1/3% support tests—2011. 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

Schedule A (Fo	orm 990 or 990-EZ) 2012 Page	4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	<u> </u>
	Explanation	╛
SCHEDULE A	, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS - 2008 AMOUNT \$ 272,804 2009	_

AMOUNT \$ 180,855

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493212000123

OMB No 1545-0047

Open to Public

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Inspection Internal Revenue Service **Employer identification number** Name of the organization AMERICAN INSTITUTE OF CHEMICAL ENGINEERS 13-1623892 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b

Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
 - Revenues included in Form 990, Part VIII, line 1
 - Assets included in Form 990, Part X

Schedule D (Form 990) 2012

Cat No 52283D

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	storical II	reasui	res, or O	<u>tner</u>	<u>' Similar As</u>	sets (col	ntinued)_
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	┌ Loan	or exch	ange progr	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the o	rganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit	or receive donation	ıs of aı	rt, historical	treasu	res or othe	rsımı			_
	assets to be sold to raise funds rather than t		-						Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	d "Y€	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interm	iediary	for contribu	utions o	r other ass	ets n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing table		_				
						-		An	ount	
с	Beginning balance					_	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been pr	ovided in P	art X	III		
Pa	rt V Endowment Funds. Complete								()=	
1a	Beginning of year balance	(a)Current year 1,670,339	(b)	Prior year 1,660,734		o years back 2,689,264		hree years back 2,026,848	(e)Four ye	ars back 2,504,482
b	Contributions	119,367		2,000,101		2,000,201		100,000		
c	Net investment earnings, gains, and losses									
·		154,510		9,605		-976,998		562,416		-477,634
d	Grants or scholarships									
е	Other expenditures for facilities and programs					51,532				
f	Administrative expenses									
g	End of year balance	1,944,216		1,670,339		1,660,734		2,689,264	:	2,026,848
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, colum	nn (a)) h	eld as	•	•		
а	Board designated or quasi-endowment	58 000 %	•	<u>.</u>						
ь	Permanent endowment ► 37 000 %									
c		00 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and a	dmınıstered	d for t	the		
	organization by								Yes	No
	(i) unrelated organizations		•				•	3a(No No
ь	(ii) related organizations						• •	3a(
4	Describe in Part XIII the intended uses of the	•					•			
Par	t VI Land, Buildings, and Equipme				10.					
	Description of property			(a) Cost o basis (inve		(b) Cost or o basis (othe		(c) Accumulated depreciation	d (d) Bo	ok value
1a	Land									
b	Buildings		•							
c	Leasehold improvements					669	9,879	657,7	57	12,122
d	Equipment					6,406	5,127	6,082,9	95	323,132
			•				0,511	510,5	11	0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)			▶		335,254

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

			i age I
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,929,278
2	Amounts 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 XIII)		
e	Add lines 2a through 2d	2e	1,031,676
3	Subtract line 2e from line 1	3	20,897,602
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 40,858		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	40,858
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	20,938,460
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	19,055,011
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d 71,679		
e	Add lines 2a through 2d	2e	71,679
3	Subtract line 2e from line 1	3	18,983,332
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 40,858		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	40,858
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	19,024,190

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		SCHEDULE D, PART X, LINE 2 - EXPLANATION FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 AICHE HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2012 AND 2011 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS AICHE IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED BEFORE DECEMBER 31, 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		COSTS OF DIRECT BENEFITS TO DONORS 71,679
PART XII, LINE 2D - OTHER ADJUSTMENTS		COSTS OF DIRECT BENEFITS TO DONORS 71,679

DLN: 93493212000123

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	e of the organization	AL ENGINEED				Employer identii	ication number
ME	RICAN INSTITUTE OF CHEMIC	ALENGINEERS				13-1623892	
Pa	General Informatio "Yes" to Form 990, Pa			he United States. (Complete		ition answered
L	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assı	stance, and the selec	tion crite	rıa used to awaı	
!	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	procedures for monito	rıng the	use of grant fun	ids outside
;	Activites per Region (The follow	ving Part I, line	3 table can be o	luplicated if additional s	pace is ne	eeded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp serv	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for and investments in region
	SOUTH ASIA	0	2	PROGRAM SERVICES	CONDUC TRAININ & SEMIN		35,379
За	Sub-total	0	2				35,379
	Total from continuation sheets						Ć

to Part I

c Totals (add lines 3a and 3b)

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			<u> </u>		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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DLN: 93493212000123

Employer identification number

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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

Open to Public Inspection

A IMI I	ERICAN INSTITUTE OF CF	IEMICAL ENGINEER	5			13-1623892	
Pa	rt I Fundraising Ac	tivities. Complete	If the o	rganızatı	on answered "Yes" t	o Form 990, Part IV,	line 17.
	Indicate whether the organ Mail solicitations Internet and email sol Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten highest to be compensated at lease	icitations s a written or oral agree i Form 990, Part VII) st paid individuals or	ement with or entity entities (f	e f g h any indi in connec	Solicitation of non- Solicitation of gove Special fundraising vidual (including officers stion with professional fundraising	government grants ernment grants g events s, directors, trustees undraising services?	▽ Yes ► N draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
	PROJECTS PLUS INC 145 WEST 45TH STREET SUITE 300 NEW YORK, NY 10036	PLANNING AND DIRECTING OF ANNUAL GALA		No	370,050	66,220	303,830
Γota	al			>	370,050	66,220	303,830
3	List all states in which the licensing	organization is regist	tered or lı	censed to	solicit funds or has bed	en notified it is exempt	from registration or
· · · · · · · · · · · · · · · · · · ·							

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aısıng event contribut			
		3 1 3	(a) Event #1 GALA (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
<u>Ф</u>	1	Gross receipts	370,050		(cocar namber)	370,050
Revenue	2	Less Contributions	298,37			298,371
æ	3	Gross income (line 1 minus line 2)	71,679			71,679
	4	Cash prizes				
ú	5	Noncash prizes				
nse	6	Rent/facility costs	69,709	P		69,709
Expenses	7	Food and beverages .				
Dreat -	8	Entertainment				
ā	9	Other direct expenses .	1,970			1,970
	10	Direct expense summary Add lin	es 4 through 9 in column	ı(d)		(71,679)
	11	Net income summary Combine li	ne 3, column (d), and line	2 10	•	0
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Cash prizes				
Expenses		· ·				
ă	3	Non-cash prizes				
Direct	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes ┌ No	
		Direct expense summary Add lines				
9 a b	Ist		gaming activities in eac	h of these states?		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493212000123

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

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

13-1623892

Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants o	orassistance?					∀Yes
		Governments and					"Yes" to
Form 990, Part I	IV, line 21, for any	recipient that received	d more than \$5,000	. Part II can be dup	olicated if additional	space is needed.	
(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
(1) SOCIETY OF AUTOMOTIVE ENGINEERS 1828 L STREET NW SUITE 906 WASHINGTON, DC 20036	35-6065185	501(C)(3)	12,500		N/A	N/A	PROJECT WISE
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations li	sted in the line 1 table	2			1
3 Enter total number of other		_					
Ear Panemuck Poduction Act Nati				Cat No FOOFFD	<u> </u>		adula I (Form 000) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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
(1) SCHOLARSHIPS	5	5,000		N/A	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 FUNDS WERE DISTRIBUTED FROM AICHE WHICH MANAGED FINANCIAL OPERATIONS FOR THE WASHINGTON INTERNSHIP FOR STUDENTS OF ENGINEERING ("WISE") PROGRAM FOR ALL THE SPONSORING ORGANIZATIONS IN 2012 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 2 ENGINEERING STUDENTS IN 2012, SELECTED FROM A LIST OF APPLICANTS THE STUDENTS
		WORKED UNDER THE GUIDANCE OF A FACULTY-MEMBER-IN-RESIDENCE STUDENTS ALSO INTERACTED WITH AND WERE MENTORED BY REPRESENTATIVES OF AICHE A STIPEND WAS PROVIDED TO ASSIST WITH THE INTERNS' LIVING AND TRAVEL EXPENSES, AND LODGING WAS PAID FOR AND PROVIDED IN A DORMITORY ON THE CAMPUS OF GEORGE WASHINGTON UNIVERSITY OFFICES WERE PROVIDED BY THE AMERICAN CHEMICAL SOCIETY, WHERE THE STUDENTS WORKED IN ADDITION, EACH STUDENT RESEARCHED AND PRESENTED A PAPER ON AN ENGINEERING-RELATED PUBLIC POLICY ISSUE IMPORTANT TO THE SPONSORING SOCIETY THE FORMAL STUDENT PRESENTATIONS TOOK PLACE AT A FULL-DAY EVENT IN THE HEARING ROOM OF THE US HOUSE OF REPRESENTATIVES SCIENCE, SPACE AND TECHNOLOGY COMMITTEE ON CAPITOL HILL IN WASHINGTON, DC, AND CONGRESSIONAL REPRESENTATIVES, AGENCY PERSONNEL AND SOCIETY SPONSORS 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

DLN: 93493212000123

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	nme of the organization		Employer identificati	on nur	nber	
AMI	ERICAN INSTITUTE OF CHEMICAL ENGINEERS		13-1623892			
Pa	art I Questions Regarding Compensation		13 1023072			
	Queen mag eemp eneemen.				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information					
	First-class or charter travel Housing allowance or resid	dence for	personal use			
	Travel for companions Payments for business us					
	Tax idemnification and gross-up payments Health or social club dues					
	Discretionary spending account Personal services (e.g., m	aıd, chau	ffeur, chef)			
b	reimbursement or provision of all of the expenses described above? If "No," complete F	Part III t	o explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses in directors, trustees, and the CEO/Executive Director, regarding the items checked in li		all officers,	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the comporganization's CEO/Executive Director Check all that apply Do not check any boxes fused by a related organization to establish compensation of the CEO/Executive Director Compensation committee Compensation committee Independent compensation consultant Compensation survey or s	for metho or, but ex act	ds			
	Form 990 of other organizations Form 990 of other organizations Form 990 of other organizations	•	tion committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with resor a related organization	spect to t	he filing organization			
а	Receive a severance payment or change-of-control payment?			4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for ea	ach item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the revenues of	raccrue	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, line 1a, did the organization pay of compensation contingent on the net earnings of	raccrue	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, line 1a, did the organization provide payments not described in lines 5 and 6? If "Yes," describe in Part III	de any no	n-fixed	7	Yes	
8						

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Also complete this part for any additional millioniation						
Identifier	Return Reference	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) 2012

Software ID: Software Version:

EIN: 13-1623892

Name: AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JUNE C WISPELWEY	(I) (II)	'I ' I	104,136 0	28,583 0	32,974 0	37,521 0	426,946 0	0
RICK CAIN	(I) (II)	1	61,683 0	36,315 0	36,336 0	37,087 0	330,167 0	0
ELIZABETH LAWLER	(I) (II)	1	60,846 0	17,287 0	45,681 0	26,033 0	317,065 0	0
STEPHEN SMITH	(I) (II)	1	63,037 0	23,068	104,827 0	25,971 0	376,846 0	0
SCOTT BERGER	(I) (II)		61,120 0	17,635 0	42,790 0	37,134 0	318,950 0	0
CATHY DIANA	(I) (II)	1	52,139 0	7,472 0	38,179 0	41,671 0	253,238 0	0
LOUISA NARA	(I) (II)	1	16,854 0	26,278 0	19,929 0	13,888 0	200,682	0
DORIS DEUTSCH	(I) (II)		115,592 0	7,380 0	17,072 0	23,188 0	204,965	0
AMIT GUPTA	(ı) (ıı)		12,000	20,120	18,348 0	2,496 0	179,439 0	0
JEFFREY WOOD	(I) (II)	127,065	10,000	14,728 0	37,822 0	23,334 0	212,949 0	0

DLN: 93493212000123

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012

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 45,000 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 REVIEWED 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 BY LAWS) 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
OTHER FEES	FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 2,540,862 MANAGEMENT AND GENERAL EXPENSES 161,558 FUNDRAISING EXPENSES 26,479 TOTAL EXPENSES 2,728,899
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 6,429 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT COST 86,670