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# SCANNED MAY 0 8 2013

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

2012
Open to Public

Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

		The organization may have to use a copy of this return to satisfy state reporting requiren	nems.	
A F	or the	2012 calendar year, or tax year beginning January 1st , 2012, and ending	December	31 , 20 12
В	Check if ap	oplicable C Name of organization D	) Employer ide	entification number
	Address o	International Society For ion Mobility Spectrometry, Inc.	30	0-0571372
$\overline{}$	Name cha		Telephone nu	ımber
=	Initial retu	11175 N. Horseshoe New Mexico State	57	5-646-2146
$\equiv$	Terminate Amended	City or town, state or country, and ZIP + 4	Group Exer	mption
=		Las Cruces, New Mexico 88003	Number >	•
G	Account		heck ▶ 🗸 i	f the organization is not
1.1	Websit			ach Schedule B
			orm 990, 990	)-EZ, or 990-PF)
K	Check •	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization	and its gross	receipts are normally
r	not mor	e than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may t	be required (:	see instructions) But if
t	he orga	anization chooses to file a return, be sure to file a complete return		
LA	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	Part II,	
lı	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$	
æ	art i.	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.		
	1	Contributions, gifts, grants, and similar amounts received	. 1	135,044 86
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	. 3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	ь	Less: cost or other basis and sales expenses		
	င	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	а	Gross income from gaming lattacht schedule G if greater than		
μ		\$15,000)		
Revenue	b	Gross income from fund asing exents (not) including \frac{\frac{1}{2}}{2} of contributions		
Re	ŀ	from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$75,000) 6b		
	C	Less direct expenses from gaminagand frundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	
	1	line 6c)	· 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<del></del>
	8	Other revenue (describe in Schedule O)	8	
_	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	135,044.86
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	. 11	
Ses	12	Salaries, other compensation, and employee benefits	. 12	<del></del>
Expenses	13	Professional fees and other payments to independent contractors	13	
쏬	14	Occupancy, rent, utilities, and maintenance	14	
	15			400 400 55
	16   17	Other expenses (describe in Schedule O)	<b>16</b> ► 17	129,166 55
	18	Total expenses. Add lines 10 through 16	► 17 18	129,166 55
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		5,878 31
SS		end-of-year figure reported on prior year's return)	1 1	42 004 50
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	42,881 52 0
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	46 119 83

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Cat No 10642I

		7		· · · · · · · · · · · · · · · · · · ·		
Pa	rt II Balance Sheets (see the instructions		41	D-4 II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	<u> </u>	(B) End of year
22	Cook source and investments		-		22	
22 23	Cash, savings, and investments Land and buildings			42,881 52	23	46,119 83
24	Other assets (describe in Schedule O)			······	24	
25	Total assets			42,881.52		46 119 83
26	Total liabilities (describe in Schedule O)			42,001.32	26	40 (13 83
27	Net assets or fund balances (line 27 of colum		1		27	
	Statement of Program Service Accord			Part III)		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III	(Re	Expenses quired for section
Wha	t is the organization's primary exempt purpose?	See attached				(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompl	lishments for each o	f its three largest r	program services		anizations and section
as n	neasured by expenses In a clear and concise rooms benefited, and other relevant information for e	manner, describe the				·7(a)(1) trusts, optional others)
28	Holding annual conference on ion mobility spectron	netry				
		t includes foreign gra	ints, check here	<u> ▶ □</u>	288	110,258 62
29				•••••		
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	<u> </u>	298	18,907 93
30						
	(O)   (A)   (B)   (B)				١,,,	
24		t includes foreign gra	ints, check here	🗀 .	30a	3
31	Other program services (describe in Schedule O) (Grants \$ ) If this amoun	t includes foreign gra	note chack hara		312	
32	Total program service expenses (add lines 28a			•	32	
	List of Officers, Directors, Trustees, and Ke					1201.00.00
	Check if the organization used Schedul					_
	Officer II the organization adda confeder	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		) Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-			outor domponidation
						-
					$\perp$	
	<u></u>	<u> </u>				
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			<u> </u>		$\dashv$	<del></del>

Park				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	-	<b>✓</b>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter	-		
а	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► New Mexico			
42a		281-48		1
b	Located at ► 1290 Hercules Drive, Houston, TX ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	770	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		_ ✓

Form 99	0-EZ (20	012)						P	age 4
-								Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o		<b>D</b> 11	n behalf of o				/
Part,		Section 501(c)(3) organizations			· · · · · · ·		. 140	!	
u un s		All section 501(c)(3) organization		stions 47-49b and	1 52, and co	mplete th	e tables f	or line	es
		50 and 51							_
		Check if the organization used Scl	nedule O to respond	to any question in	this Part VI	•	· ·	· · ·	<u> </u>
								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electi		during the	tax   47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule E		. 48		1
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related organ	ızatıon? .		. 49a		1
b	If "Ye	s," was the related organization a se	ction 527 organizatio	n?			. 49b		1
50	Comp	plete this table for the organization's	five highest compen	sated employees (ot	ther than office	cers, direct	ors, truste	es an	d key
		oyees) who each received more than							•
			(b) Average	(c) Reportable	(d) Health	benefits,			
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	contributions		(e) Estimate		
		paid more man \$100,000	devoted to position	(Forms W-2/1099-MISC	benefit plans, comper		other com	pensat	ion
					<del></del>				
					1				
			<del></del>						
51 (a)	\$100,	olete this table for the organization 000 of compensation from the organd address of each independent contractor pa	nization If there is no	ensated independen one, enter "None " (b) Type of sei			received  Compensation		than
								-	
d	Total	number of other independent contra	ctors each receiving	over \$100,000	. ▶				
52		ne organization complete Schedule A			s and 4947(a				
	none	kempt charitable trusts must attach	a completed Schedul	e A	· · · · ·	. , !	Yes		lo_
		of perjury, I declare that I have examined this r					owledge and	belief,	ıt ıs
true cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer	has any knowle	dge 			
Sign		Signature of officer		_// .	Date	• // /	//	20	12
Here		Thomas Limero, ISIMS treasurer	1/1/	X mer		9/	15/	۷ -	<u> </u>
		Type or print name and title	•	V 1					
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf PTIN		
Prep	arer					self-employ			_
Use (		Firm's name ▶		·	Firn	n's EIN ▶			
	Jilly	Firm's address ▶			Pho	ne no			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions		1	► ☐ Yes	1	10

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Employer identification number

Open to Public Inspection

Name of the organization Emp						Employer identification number						
Part I Reason for Public Charity Status (All organizations must complete this p						30-0571372						
Par									instruction	ons		
The c 1 2 3 4	☐ A church, cond ☐ A school desc ☐ A hospital or a ☐ A medical rese	vention of churc ribed in section cooperative ho earch organization ie city and stat	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churches ch Sched ation desc ction with	s describe ule E) cribed in a hospit	ed in <b>sec</b> <b>section</b> al descri	tion 170 170(b)(1) bed in se	(b)(1)(A)(i (A)(iii). ection 17	0(b)(1)(A)			
5	hospital's name, city, and state  5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								oed in			
6 7	An organization	n that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of					nit or from	n the ge	neral	public
8 9								of its				
10 11	An organization	on organized ar one or more pub- ck the box that	d operated exclusively and operated exclusive blicly supported organ describes the type of	ely for th nizations supportir	ne benefi describe ng organi	t of, to d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	tions of, ection 50 11e throug	9(a)(2). S gh 11h.	See se	ection
e f g	other than four or section 509  If the organization, organ	ndation manage (a)(2). ation received a check this box	that the organization ers and other than one a written determination	is not co e or more	ntrolled on publicly the IRS	directly or support that it is	r indirecti ed organ a Type	y by one izations of the state	described II, or Typ	disqualif I in secti	ied pe on 50	ersons 9(a)(1)
_	following pers (i) A person v	who directly or i	indirectly controls, eit					describe	d ın (ıı) aı	nd	Yes	No
h	(ii) A family m	ember of a persentrolled entity of	ody of the supported on on described in (i) abo a person described in ion about the support	ove? n (ı) or (ıı) :	 above? .			 		11g(ı 11g(iı 11g(iı	)	
	Name of supported organization	d (ii) EIN (iii) Type of organization (iv) is the organization (v) (described on lines 1–9 in col (i) listed in your the		the organ	ou notify nization in of your port?	n in organization in		organization in col (i) organized in the		(vii) Amou Si	int of mo	onetary
				Yes	No	Yes	No	Yes	No	ļ <u>.</u>		
(A)												
(B)												
(C)												
(D)												
(E)												

	_ ,						-9
Car	Support Schedule for Organiza	ations Descr	bed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.") .	NA	22,849	150,962	147,635	135,044	456,490
2	Tax revenues levied for the					_	
	organization's benefit and either paid	1				ĺ	
	to or expended on its behalf						
3	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	NA	22,849	150,962	147,635	135,044	456490
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						23,500
6	Public support. Subtract line 5 from line 4.				· · · · · · · · · · · · · · · · · · ·		
	on B. Total Support				<del></del>		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,			}			
	rents, royalties and income from similar sources			Ì			
^					<del>.</del>		
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
40	Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instruction				12	***
13	First five years. If the Form 990 is for the			third fourth	or fifth tax ve	·- L	n 501(c)(3)
	organization, check this box and stop he	•			•	car as a section	. ▶ ☑
Secti	on C. Computation of Public Suppor					<del></del>	<u> </u>
14	Public support percentage for 2012 (line 6			1 column (fl)		14	100 %
15	Public support percentage from 2011 Sch		-			15	100 %
16a	331/3% support test - 2012. If the organiz			on line 13, and	l line 14 is 331		
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organi	ization qualifies	s as a publicly	supported org	anızatıon .		▶ □
17a	10%-facts-and-circumstances test - 20	012. If the orga	nization did no	ot check a box	on line 13, 16	a. or 16b. and l	
	10% or more, and if the organization med						
	Part IV how the organization meets the "f						
	organization						▶ □
b	10%-facts-and-circumstances test - 20	<b>)11.</b> If the orga	nization did no	ot check a box	on line 13, 16	a. 16b. or 17a.	and line
_	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
	supported organization						<b>▶</b> □
18	Private foundation. If the organization di	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see
	instructions						▶ □

- A 111 C	upport Schedule for	^ii	Decembed in	Castian	EUU(~)(J)
Part III S	NINNAM SCREAME IAC	Urganizations	Described in	Secuon	SUSTAILET
	apport concadic for	Or garne attorio	D00000		,,

(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.)

Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				<u> </u>	ļ	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Secti	on B. Total Support		·	L	L	L.,	<del> </del>
	idar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(3) 2000	(0) 2010	(4) 2011	(6) 2012	(1) 1014
10a	Gross income from interest, dividends,				<del></del>		
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		ŀ				
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)					ļ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		-1- 6	al About Constitution	6.64		= F01/c\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			i, or tiπn tax y	ear as a section	on 501(c)(3)
Cooti	ion C. Computation of Public Support			<del> </del>	• • • •	• •	
15	Public support percentage for 2012 (line			3 column (f)		15	%
16	Public support percentage from 2011 Sci		•			16	<del>//</del>
	ion D. Computation of Investment In				_ <del></del>		70
17	Investment income percentage for 2012			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 201				•	18	%
19a	331/3% support tests-2012. If the organ				nd line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗌
b	331/3% support tests—2011. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than	33½%, and
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🔲

Schedule A (F	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)	
<u> </u>		
		•••••
		<b></b>
		•••••

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

ns on	2012
	Open to Public Inspection
Employer identif	ication number

INTERNATIONAL SOCIETY FOR ION MOBILITY SPECTROMETRY	30-0571272
Expenses	
Bank and website cost=\$1705 14	
Bank and website cost=\$1/05.14	
Credit Card Processing Fees=4047 21	
ISIMS 2012 Conference Costs=\$104,452 82	
ISIMS Journal (participant subscriptions)= \$18,907.93	
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
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# Board of Directors

Name	Position	Address	City	Statc/Re	Coun	Zip	Company
				gion	try	Code	Affiliation
Osmo	Past President	Graanintie 5	Mikkelı	SAVO	Finla	20100	Environics OY
Pierre Pilon	President	79 Bentley Avenue	Ottawa	Ontario	Cana	K2E	Canada Border
					da	6T7	Services Agency
Hilary	President Elect	Elm 1c #4134	Bristol	Gloucest	U.K.	BS34	DSTL-Sea
Bollan				ershire		8JH	Systems Group
Vincent	Secretary	5183 Blackhawk Rd., Bld	APG	Maryland	U.S.	21010	U.S. Army ECBC:
McHugh		E3330/134			i	-2474	RUCD-RUR-U
Tom	Treasurer	1290 Hercules Dr.,	Houston	Texas	U.S.	77058	Wyle Laboratories
Limero		suite120					
Wolfgang	Member-at-	Friedrich-ebert-straÄŸe 8	Unna	NRW	Germ	59425	ISAS
Vautz	Large/Nominating				any		
-	Committee Chail	P. 10 11 27 0 000	Dishland	Weshingt	011	00252	Dooifig Morthwest
Kobert	Member-at-Large/Technical	902 Battelle BIVd.	Kichland	wasningt	.v.	76644	racilic Northwest
Ewing	Program Chair			on			Labs
Jorg Ingo	Journal Editor	Campus E7.1	Saarbrue	Saarland	Germ	66123	Kist Europe Gmbh
Baumbach			cken		any		
Suzanne	Member-at-Large	33 Eastwood Lane	Morgant	West	U.S.	26508	West Virginia
Bell			own	Virginia			University
Erkinjon	Member-at-Large	555 Technology Square	Cambrid	Massach	U.S.	2139	Draper Laboratory
Nazarov			ge	usetts			
Sarah	Member-at-Large	Bldg 68, DSTL Porton	Salisbur	Wiltshire	UK	SP4	DSTL
Marchant		Down	y			0JQ	
Gary	Ex Officio Member	1175 N. Horseshoe Dr.	Las	New	U.S.	88003	New Mexico State
Eiceman			Cruces	Mexico			University
Steve	Ex Officio Member	P.O. Box 68	Gunpow	Maryland	U.S.	21010	SAIC-ECB
Harden			der				
Paul	Ex Officio Member	Dept of Chemistry,	Loughbo	Leicester	UK	LEII	Loughborough

Thomas		Loughborough University	rough	shire		3TU	University
David	Ex Officio Member	902 Battelle Blvd.	Richland	Washingt	US.	99352	Pacific Northwest
Atkinson				on			Labs

# INTERNATIONAL SOCIETY FOR ION MOBILITY SPECTROMETRY, INC.

EIN: 85-0452980

## Narrative Description of Organization's Programs and Activities

## Part 1: Our Purpose/Mission Statement

The specific purpose for which this corporation is organized is: to promote the use of ion mobility spectrometry (IMS) and ambient pressure gas phase ion-molecule chemistry as an analytical technique, provide opportunity for development through short courses on IMS theory and practice, provide opportunity for the free exchange of ideas and information on IMS through yearly conferences, poster sessions, vendor exhibits, and publications, and encourage the spirit of unity and cooperation among Society members to advance the Society's objective.

# Part II. Program Activities

Brief History of the Society and Mission

In 1992, a conference supported by the US Army was held in Mescalaro, NM to bring together investigators and researchers in ion mobility spectrometry (IMS), a element of military preparedness and aviation security in the detection of explosives, chemical warfare agents, and narcotics. Those in attendance were from government agencies, universities, and industry. We agreed to meet together the next year and these meetings became self-organizing annually under a participant-funded basis (costs of the conference were divided among participants). In some instances, the Society was aided in organizing the meeting by other Societies (Canadian Chemical Society) or by organizations of members (particular companies or government agencies in the US, Canada, UK and Germany). We would meet for several days to discuss research findings and exchange data. On August 21,1996, this comparatively small group of scientists and engineers, with participation largely from the US, England, and Germany, filed as a Scholarly Society in Germany (papers with signatures for the declaration to organize and award of status in Germany are attached). The level of participation from those in the US suggested we should be reorganized officially in the US.

As a scholarly society with an all-volunteer structure, we continued with legal establishment in Germany until 2002 when our founding documents were revised to resemble the bylaws and constitution to be an unincorporated nonprofit in the United States