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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization  AMERICAN INSTITUTE OF CHEMICAL	· · ·	31-2013	D Emplo	yer iden	tification number		
	dress cl	_	Doing Business As			13-16	23892			
	me cha	_	Domy Dadiness / E							
	tıal retu		Number and street (or P O box if ma 120 WALL STREET 23RD FLOOR	all is not delivered to street address) Room/s	suite	E Telepho	one numb	er		
	rmınate			1770		(800)	242-43	363		
_		return n pending	City or town, state or province, coun NEW YORK, NY 10005	try, and ZIP or foreign postal code						
Ар	plicatio	n penaing	<b>F</b> Name and address of prin	ound officer	T >			26,515,922		
			JUNE WISPELWEY	•		Is this a group subordinates?	return 1	for □ Yes 🔽 No		
			120 WALL STREET 23RD FL NEW YORK, NY 10005	.O O R				F., F.,		
			,			Are all subord: included?	nates	Γ Y es Γ No		
<b>I</b> Ta	x-exen	npt status	▼ 501(c)(3)	nsert no )		If "No," attach	a lıst (	see instructions)		
J W	ebsit	e:► WV	VW AICHE ORG		H(c)	Group exempt	ion num	ber <b>►</b>		
 <b>К</b> For	m of or	rganization	Corporation Trust Association	n	L Yea	r of formation 19	08 <b>M</b> S	State of legal domicile NY		
	rt I		nmary	•						
Governance		FOR INI WHERE	FORMATION, KNOWLEDGE, ANI CHEMICAL ENGINEERING CAN	NG IN THEORY AND PRACTICE, TO D PROFESSIONAL COMMUNICATION N CONTRIBUTE TO THE PUBLIC IN	ON AND 1 TEREST	TO SERVE SO	CIETY,	PARTICULARLY		
			,	continued its operations or disposed						
Activities &				ng body (Part VI, line 1a) . . . If the governing body (Part VI, line 1t			3 4	17 16		
5			· -	alendar year 2013 (Part V, line 2a)	-		5	141		
ă				ecessary)			6	1,000		
	7a	Total un	related business revenue from Pa	art VIII, column (C), line 12			7a	917,304		
	b	Net unre	elated business taxable income fr	om Form 990-T, line 34	<u> </u>		7b	0		
						Prior Year 3,835,		Current Year		
<u>o</u>	8		-	tions and grants (Part VIII, line 1h)				4,971,357		
Revenue	9 10	_	am service revenue (Part VIII, III tment income (Part VIII, column	•	13,130,		15,470,697 3,754,267			
æ	11		revenue (Part VIII, column (A), I		2,350,		2,256,104			
	12	Total	revenue—add lines 8 through 11	ne						
	42				_	20,938,		26,452,425		
	13 14		·	IX, column (A), lines 1-3)	17,	0	18,000			
	15			e benefits (Part IX, column (A), lines			$\dashv$			
\$	-	5-10				9,548,	327	10,662,319		
Expenses	16a		ssional fundraising fees (Part IX,		•	66,	220	69,640		
ភ	_b		undraising expenses (Part IX, column (D)							
	17 18			ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)	•	9,391,		11,169,364 21,919,323		
	19			18 from line 12		1,914,		4,533,102		
Net Assets or Fund Balances			and the state of t			inning of Curre Year		End of Year		
988 888	20	Total	assets (Part X, line 16)			23,341,	381	27,801,678		
2 E	21					10,185,	<del> </del>	9,850,145		
	22			line 21 from line 20		13,155,	953	17,951,533		
<b>Pa</b> Unde my k	rt III r pena nowle arer ha	Signalties of dge and as any k	nature Block perjury, I declare that I have exa	mine 21 from time 20		edules and sta	tements	s, and to the best of		
Her	е		E WISPELWEY EXECUTIVE DIRECTOR							
		<u> </u>	e or print name and title	Dranaret's signature	Dato	T., . <del>-</del>	DTIN			
Paid	Ч		Print/Type preparer's name ROBERT LYONS	Preparer's signature	Date	Check If self-employed	PTIN P002274	172		
	a pare		Firm's name 🕨 MARKS PANETH LLP			Firm's EIN 🕨 1	1-351884	2		
	Pare On		Fırm's address ► 685 THIRD AVENUE			Phone no (212	) 503-880	00		
		- <b>J</b>				1				

NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes No

Par	t III			rvice Accompl		Part III .			\range 2
1	Briefl	y describe the orga	anızatıon's mıss	ion					
INFC	RMAT		E, AND PROFES	SSIONAL COMMU	NICATION AND		EEDS OF CHEMIC. E SOCIETY, PARTI		
2	the pr	e organization und ior Form 990 or 99 s," describe these	90-EZ?			year which	were not listed on	<b>┌ Y</b> es	s <b>▽ N</b> o
3	Did th	e organization cea			t changes in how	ıt conducts	, any program	_	_
		es?	changes on Sci	andula O				Г Ye	s 🔽 No
4	Descr	ibe the organizatio	n's program ser c)(3) and 501(c	rvice accomplishm :)(4) organizations	are required to r		gest program servic mount of grants and		
 4a	(Code	<u> </u>	) (Expenses \$	5,345,805	ıncludıng grants of	<b>*</b>	) (Revenue \$	1,959,0	065 )
	RESE		ANSFER AND OTHE	R ACTIVITIES THE AB	OVE REVENUE EXCLU	IDES REVENUI	ATIVES TO COLLABORAT ES FROM CHARITABLE C T VIII, LINE 5		
	(Code	2	) (Expenses \$	2,754,342	ıncludıng grants of	\$	) (Revenue \$	4,359,2	220 )
	PROD	UCES A JOURNAL (CHE	MICAL ENGINEERI	NG PROGRESS) WHICH	I PROVIDES ESSENTI	AL TECHNÍCAI	ID SECURE THROUGHOL . AND PROFESSIONAL IN S AND GRANTS OF \$242	IFORMATION TO PRA	CTICING
	(Code	<u> </u>	) (Expenses \$	3,362,653	ıncludıng grants of	\$	) (Revenue \$	6,086,4	
	MEET OPEN	INGS & TECHNICAL PR	OGRAMMING - TO C	CONDUCT TECHNICAL CONCEPTS THE ABOVE	MEETINGS, CONFER E REVENUE EXCLUDE	ENCES, AND E S REVENUES	XHIBITS IN VARIOUS LO FROM CHARITABLE CON	CATIONS IN ORDER	TO PROMOTE
	(Code	<u> </u>	) (Expenses \$	2,358,202	ıncludıng grants of	+	) (Revenue \$	1,197,7	762 \
	PUBLI		I A VARIETY OF PER	RIODICALS, BOOKS ANI	O OTHER MATERIALS	ON CHEMICA	L ENGINEERING AND RE		•
	AND I	ICIAL SERVICES - TO A	L FINANCIAL RELAT	ED BENEFITS THE ABO	including grants of HEVE FINANCIAL SEC OVE REVENUE EXCLU	CURITY BY PRO	) (Revenue \$ DVIDING THEM WITH A ! S OF \$235,000 REPORT	SELECTION OF FINAN	) NCIAL SERVICES NE 3 AND
	OPER	R PROGRAM SUPPORT	TING REVENUES, A	ND A PORTION OF INV	ESTMENT RETURN	D OF DIRECTO	18,000 ) (Revenue : DRS FROM SURPLUSES I EVENUE EXCLUDES REVE	FROM SELF-SUPPOR	
	ENGI	ATION SERVICES - TO	REVENUE EXCLUDES	REVENUE FROM CHA	RITABLE CONTRIBUT	WHICH PROVI IONS AND GR	) (Revenue \$ DES EDUCATIONAL OPP ANTS OF \$20,850 REPOI T VIII, LINE 5	ORTUNITIES RELATE	D TO CHEMICAL
4d		er program services enses \$		chedule O ) including grants of	f <b>\$</b>	18,000)	(Revenue \$	3,065,945)	
4e	Tota	l program service e	expenses 🗠	17,422,993					

Part IV	Checklist of	Requi	red S	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? If "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 $I^{2}$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 $V^{\bullet}$	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
c	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	
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	
b	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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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		No
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 25a	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? If "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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	28a		No
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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
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
	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? If "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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm <b>99</b> 0	(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Раг	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	.l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   167		1 65	140
	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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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		No
Ь	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			
5a	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
		ЭD		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		No
	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	٥		
	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?	9a 9b		
D LO	Section 501(c)(7) organizations. Enter	טפ		
	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			
L1	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 )			
L2a	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 year			
13	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		
b	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			
c	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response or note to any line in this Part	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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		Νo
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		Νo
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Revent	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers and the complete season of the components of	15b	Yes	
	Other officers or key employees of the organization	130		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		
	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?	16a		No
	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			No
b	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?	16a		No
b	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?	16a		No

- Own website Another's website V Upon request Other (explain in Schedule O)
- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►STETSON WILSON 120 WALL STREET

  NEW YORK, NY 100054020 (646) 495-1355

# Part VIII 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 for related	more pers and	than on is	one bot ecto	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
(1) PHILLIP R WESTMORELAND	37 00	х		х				0	0	0
PRESIDENT (2) OTIS A SHELTON	15 00									
PRESIDENT-ELECT	1500	x		Х				0	0	0
(3) DAVID A ROSENTHAL	4 00									
PAST PRESIDENT		X		Х				0	0	0
(4) CHRISTINE SEYMOUR	5 00	×		Х				0	0	0
SECRETARY		_ ^						0	0	
(5) ANDRE R DA COSTA	10 00	x		x				0	0	0
TREASURER										
(6) TIM ANDERSON	2 00	x						0	0	0
DIRECTOR (7) T BOND CALLOWAY JR	2 00									
DIRECTOR	2 00	x						0	0	0
(8) JOHN F CIRUCCI	2 00									
DIRECTOR		X						0	0	0
(9) THOMAS F DEGNAN JR	3 00	.,								
DIRECTOR		Х						0	0	0
(10) JOHN G EKERDT	2 00	x						0	0	0
DIRECTOR								Ŭ	-	
(11) PAULA T HAMMOND	2 00	x						О	0	0
DIRECTOR (12) JOHN W JACK HIPPLE							_			
	4 00	х						35,100	0	0
DIRECTOR (13) KARL V JACOBS	2 00	-			$\vdash$		$\vdash$			
DIRECTOR		x						0	0	0
(14) ANNETTE A JOHNSTON	3 00									
DIRECTOR		X						0	0	0
(15) FREEMAN A SELF	3 00	Ţ						_		0
DIRECTOR		X						0	0	0
(16) ROSEMARIE D WESSON	5 00	×						0	0	0
DIRECTOR								Ĭ		
(17) KATHERINE S ZIEMER	2 00	x						0	0	0
DIRECTOR										

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 rect	not box h ar or/tr	chec k, unle n offic- ustee	ess er :)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	nated of other nsation the
	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)	organi and re organiz	lated
(18) JUNE C WISPELWEY	40 00			х				387,419	0		74,201
EXECUTIVE DIRECTOR								307,113			71,201
(19) RICK CAIN	40 00			×				264,449	0		70,313
DIRECTOR, FINANCE								,			
(20) ELIZABETH LAWLER	40 00				x			258,420	0		51,892
DIRECTOR, OPERATIONS (21) STEPHEN SMITH	40.00										
DIRECTOR, TECHNICAL ACTIVITIES	40 00				х			246,381	0	ı	35,778
(22) SCOTT BERGER	40 00										
DIR CCPS, CHEMICALS, PROG & SALES					х			238,246	0		66,822
(23) CATHY DIANA	32 00					<b>.</b>		105.250			E4 206
DIR , HR, FOUNDATION & OFFICE SVCS						X		186,250	0		51,386
(24) LOUISA NARA	40 00					х		171,457	0		43,065
CCPS TECHNICAL DIRECTOR						_ ^		171,437	0		43,063
(25) KRISTINE CHIN	40 00					x		157,900	0		54,107
DIRECTOR, PROGRAM DEVELOPMENT								201,550			
(26) AMIT GUPTA	40 00					×		166,431	0		23,605
DIRECTOR, INFORMATION TECHNOLOGY								·			
(27) JEFFREY WOOD	40 00					х		157,079	0		41,779
DIRECTOR, MEETINGS	1										
	-										
1b Sub-Total						<b>P</b>					
c Total from continuation sheets to Par	t VII, Section A		•	•		<b>-</b>					
d Total (add lines 1b and 1c)						•		2,269,132	0		512,948
Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
										Yes	No

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
IT CONUNDRUMS INC 3880 E RAVENSWOOD DRIVE GILBERT AZ 85298	DATABASE UPGRADE	582,929
FREEMAN AUDIO VISUAL INC PO BOX 650519 DALLAS TX 752650519	AUDIO VISUAL	567,736
BRIGHAM YOUNG UNIVERSITY PO BOX 21128 PROVO UT 846021128	PROJECT RESEARCH	541,500
TMA RESOURCES INC 1919 GALLOWS ROAD SUITE 400 VIENNA VA 22182	DATABASE	374,825
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5960 PO BOX 1450 MINNEAPOLIS MN 554855960	PROJECT RESEARCH	232,609

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14

Part V		Statement of Check of Schedu		spor	nse or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns	1a					
ant and	ь	Membership du	ies	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising ev	ents	1c	329,003				
	d	Related organiz		1d					
£, ig	е	Government grant	s (contributions)	1e					
tior r. S	f	All other contribution	ons, gifts, grants, and	1f	4,642,354				
a f	g		ions included in lines						
n d d		1a-1f \$							
CO a	h	Total. Add line:	s 1 a - 1 f	•	· · · · •	4,971,357			
<u> </u>					Business Code				
Program Serwce Revenue	2a	MEETINGS & TECH	l PROG		541900	6,086,467	6,086,467		
æ	b	MEMBERSHIP DUE	S		541900	4,359,220	4,359,220		
93	С	IND TECH ALLIAN	ICES		541900	1,959,065	1,959,065		
Ž.	d	EDUCATIONAL SER	RVICES		611430	1,750,020	1,750,020		
Ę	e	ADVERTISING			541800	917,304		917,304	
∑ 13	f	All other progra	am service revenue			398,621	398,621		
Ě	g	Total. Add lines	s 2a-2f			15,470,697			
	3		ome (including divi			917 706			917 706
			ar amounts) stment of tax-exempt b		F	817,796			817,796
	4   5	Royalties .			ploceeds	2,256,104			2,256,104
		Royalties :	(ı) Real	-	(II) Personal	_,			_,,
	6a	Gross rents	(i) iteal		(II) I CISOIIdi				
	ь	Less rental							
	c	expenses Rental income							
	d	or (loss)  Net rental inco	me or (loss)						
	-	Tree remar mes	(i) Securities	-	(II) O ther				
	7a	Gross amount from sales of assets other	2,936,471	L					
	Ь	than inventory Less cost or							
		other basis and sales expenses	C	)					
	С	Gain or (loss)	2,936,471	L					
	d	Net gain or (los	ss)		<b>.</b>	2,936,471			2,936,471
Other Revenue	8a	8a Gross income from fundraising events (not including \$		c)					
r Re		See Part IV, lir		a	63,497				
фę	b		penses	b	63,497				
0	c		(loss) from fundraıs		events 🕨	0			
	9a		from gaming activiti ne 19	ies <b>a</b>					
	ь	Less direct ex	penses	b					
	С	Net income or	(loss) from gaming	acti	vities				
	10a	Gross sales of returns and allo		а					
	ь	Less costofa	oods sold	b					
	c	Net income or	(loss) from sales of	inve	entory 🛌				
		Miscellaneou	s Revenue		Business Code				
	11a								
	b								
	С								
	d	All other reven							
	e	Total. Add lines	s 11a-11d	•	▶				
	12	Total revenue.	See Instructions		▶	26,452,425	14,553,393	917,304	6,010,371
	1					20,132,723	1,,555,575	,	Form <b>990</b> (2013)

	990 (2013)  EIX Statement of Functional Expenses				Page <b>10</b>
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ions must comp	lete column (A )	
	Check if Schedule O contains a response or note to any line in this				<u></u>
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	18,000	18,000		<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	1,280,469	701,503	578,966	
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	7,128,258	5,888,775	1,059,784	179,699
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	626,131	465,148	146,022	14,961
9	Other employee benefits	1,157,031	826,075	311,474	19,482
10	Payroll taxes	470,430	329,301	131,720	9,409
11	Fees for services (non-employees)	,	,	,	·
а	Management				
b	Legal	57,310	41,844	15,466	
•		,	41,044	40,775	
ے ۔	Accounting	40,775		40,773	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	69,640			69,640
f	Investment management fees	47,007		47,007	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,442,066	2,255,580	155,219	31,267
12	Advertising and promotion	495,596	460,963		34,633
13	Office expenses	758,429	696,702		12,046
14	Information technology	323,754	323,754		· · · · · · · · · · · · · · · · · · ·
15	Royalties	242,124	242,124		
16	Occupancy	702,815	240,058	<del>                                     </del>	2,365
17	Travel	1,015,537	916,931	74,961	23,645
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,013,337	510,551	74,301	23,043
19	Conferences, conventions, and meetings	1,868,883	1,775,028	10,022	83,833
20	Interest	, 11,130	, ,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,636	112,880	49,756	
23	Insurance	137,320	112,000	137,320	
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)	137,320		137,320	
а	EQUIPMENT RENTAL	946,836	917,291	11,629	17,916
ь	OTHER EXPENSES	710,013	264,943	254,699	190,371
c	PRINTING & PUBLICATIONS	509,777	500,316	2,875	6,586
d	BANK/CREDIT CARD FEES	338,746	304,169	34,577	
e	All other expenses	369,740	141,608	· · · · · · · · · · · · · · · · · · ·	
25	Total functional expenses. Add lines 1 through 24e	21,919,323	17,422,993	·	695,853
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 or note to any line in this Part X			_
		eneck in Schedule & Contains a response of note to any line in this fare X	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	4,031,041	1	3,346,663
	2	Savings and temporary cash investments	445,324	2	8,024
	3	Pledges and grants receivable, net	62,240	3	42,988
	4	Accounts receivable, net	1,639,833	4	2,366,297
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		F	
š	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	
Se	_			6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	448,000	9	330,419
	Ь	Part VI of Schedule D 2,208,160 Less accumulated depreciation 10b 185,308	-	10c	2,022,852
	11	Investments—publicly traded securities	16,379,689	11	19,684,435
	12	Investments—other securities See Part IV, line 11	, ,	12	
	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)	23,341,381	16	27,801,678
	17	Accounts payable and accrued expenses	5,846,523	17	5,088,984
	18	Grants payable	3,510,625	18	
	19	Deferred revenue	4,338,905	19	4,761,161
	20	Tax-exempt bond liabilities	1,000,000	20	4,701,101
	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	
졅		persons Complete Part II of Schedule L		22	
Ï	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			
		D		25	
	26	Total liabilities. Add lines 17 through 25	10,185,428	26	9,850,145
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	12,054,021	27	16,712,315
100 100 100 100 100 100 100 100 100 100	28	Temporarily restricted net assets	383,390	28	471,676
=	29	Permanently restricted net assets	718,542	29	767,542
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34.			<u> </u>
0 C	30	Capital stock or trust principal, or current funds		30	
Ř.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	13,155,953	33	17,951,533
Ź	34	Total liabilities and net assets/fund balances	23,341,381	34	27,801,678
			25,541,551	<b>-</b>	

Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		26,4	152,425
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,9	919,323
3	Revenue less expenses Subtract line 2 from line 1	3		4,5	533,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			155,953
5	Net unrealized gains (losses) on investments	5			05,386
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		1,2	267,864
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17,9	951,533
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	wed or	n		
	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493196001404

# OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name of the organization **Employer identification number** AMERICAN INSTITUTE OF CHEMICAL ENGINEERS 2 1622002

1	$\Gamma$	A chur	ch, conventi	on of churches, or as	ssociation of	fchurches d	escribed in <b>s</b>	ection 170(	b)(1)(A)(i).			
2	$\Gamma$	A scho	ol described	in <b>section 170(b)(1</b>	.)( <b>A)(ii).</b> (At	tach Sched	ule E )					
3	$\sqcap$	A hosp	ıtal or a coo	perative hospital se	rvice organiz	zatıon descr	ibed in <b>sectio</b>	on 170(b)(1)	(A)(iii).			
4	Γ			n organization operat	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)(iii). E	nter the	
_	_			ty, and state	<b>.</b> . <b>.</b>		<b>.</b>					
5	ı	_	•	erated for the benefi	_	or universi	ty owned or d	perated by	a governmei	ntai unit desc	ribed in	
_	_	<pre>section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</pre>										
6	<u> </u>									from the gen	ماطيية احتما	_
7	ı	_		at normally receives on 170(b)(1)(A)(vi).		•	support from	i a governme	ental unit or	from the gen	erai public	C
8	$\Gamma$			described in <b>sectior</b>	•	•	mplete Part I	I )				
9	굣	An orga	anization tha	at normally receives	(1) more th	an 331/3% (	of its support	from contrib	outions, mer	nbership fees	s, and gros	ss
		receipt	s from activ	ities related to its ex	xempt functi	ons—subjec	t to certain e	xceptions, a	and (2) no m	ore than 331	/3 <b>% of</b>	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ır	ncome (less	section 511	tax) from bu	ısınesses	
		acquire	ed by the org	janization after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (0	omplete Pa	rt III )			
10	$\Gamma$	An orga	anızatıon org	ganized and operated	dexclusively	to test for	public safety	See <b>sectio</b>	n 509(a)(4).			
e	Г	one or the box <b>a</b> By che	more public that descri Type I cking this b	ganized and operated by supported organized be the type of suppe   by Type II coox, I certify that the on managers and other series.	ations descr orting organ Type II organization	ibed in sect ization and I - Function i is not cont	ion 509(a)(1 complete line ally integrate rolled directl	) or section es 11e throu ed <b>d</b> y or indirect	509(a)(2) 9 Igh 11h Type III - N Iy by one or	See <b>section 5</b> Ion-functiona more disqua	<b>509(a)(3).</b> ally integra lified pers	. Check ated ons
f		If the o	n 509(a)(2) rganızatıon thıs box	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	e III support	ıng organı	zation,
g		followir	ng persons?	2006, has the organi	•							
				rectly or indirectly o			_	persons de	scribed in (ii		Yes	No
				governing body of th		-	n /			11g		<del>                                     </del>
			•	er of a person descri			nhoug?			11g		<del>                                     </del>
h				lled entity of a perso ng information about						11g	(111)	<u> </u>
		Piovide	the following	ig illiorillation about	the Support	eu organizat	.1011(5)					
(i) Name of supported organization		rted	t <b>ed</b> organization		organızatı col <b>(i)</b> lıs your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		mount of etary port
				instructions))	Yes	No	Yes	No	Yes	No		
								1	1			

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
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 failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	( <b>b)</b> 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	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	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ┡	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	4,221,621	4,150,483	4,408,028	3,835,506	4,971,357	21,586,995
	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	9,708,158	10,822,280	11,458,531	12,140,074	14,553,393	58,682,436
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
4	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	13,929,779	14,972,763	15,866,559	15,975,580	19,524,750	80,269,431
6 7-	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,	13,929,119	14,972,703	13,000,339	13,973,300	19,324,730	00,209,431
/a	and 3 received from disqualified						C
	persons						
b	A mounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						C
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6)						80,269,431
Se	ction B. Total Support	1					
	ndar year (or fiscal year	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	beginning in) 🟲	(a) 2009	( <b>b)</b> 2010	(6) 2011		(e) 2013	
9	A mounts from line 6	13,929,779	14,972,763	15,866,559	15,975,580	19,524,750	80,269,431
L0a	Gross income from interest,						
	dividends, payments received	1,781,363	2,314,150	2 094 722	3,210,724	3,073,900	12,464,859
	on securities loans, rents, royalties and income from	1,761,363	2,314,130	2,084,722	3,210,724	3,073,900	12,464,639
	similar sources						
ь	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,781,363	2,314,150	2,084,722	3,210,724	3,073,900	12,464,859
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	180,855					180,855
	capital assets (Explain in Part	100,000					200,000
	IV).						
13	Total support. (Add lines 9, 10c, 11, and 12)	15,891,997	17,286,913	17,951,281	19,186,304	22,598,650	92,915,145
14	First five years. If the Form 990 is	for the organization	n's first second	third fourth or i	ifth tay year as a	501(c)(3) organ	ızatıon
	check this box and <b>stop here</b>	for the organization	on a mac, accond	, cilira, loureil, or l	iitii tax year as a	301(c)(3) organ	<b>▶</b> □
Se	ction C. Computation of Pub	lic Support Pe	ercentage				·
15	Public support percentage for 2013			13, column (f))		15	86 390 %
16	Public support percentage from 20	12 Schedule A, Pa	art III, line 15			16	84 850 %
Se	ction D. Computation of Inv			 је		1 =- 1	
17	Investment income percentage for				n (f))	17	13 420 %
18	Investment income percentage froi			•		18	14 650 %
	33 1/3% support tests—2013. If the				line 15 is more ti		
	more than 33 1/30/2 shock this have						

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> 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								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

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#### DLN: 93493196001404

OMB No 1545-0047

#### **SCHEDULE D Supplemental Financial Statements**

Department of the Treasury Internal Revenue Service

(Form 990)

► 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. ▶ Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

me of the organization		Employer identification number
ERICAN INSTITUTE OF CHEMICAL ENGINEERS		13-1623892
organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.	unds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		<u></u>
Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised <b>Yes No</b>
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?		
rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	on or education) Preservation of an Preservation of a c	certified historic structure
easement on the last day of the tax year	Г	
Total number of conservation easements	-	Held at the End of the Year
Total acreage restricted by conservation easements	-	24
Number of conservation easements on a certified his	-	2b
Number of conservation easements included in (c) a historic structure listed in the National Register	` '	2c 2d
Number of conservation easements modified, transfe	erred released extinguished or terminate	d by the organization during
Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds. Staff and volunteer hours devoted to monitoring, inspection of expenses incurred in monitoring, inspection.	the periodic monitoring, inspection, hand  pecting, and enforcing conservation easen	<b> </b>
► \$ Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	
t III Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education, o	or research in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, education, o	
(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
Assets included in Form 990, Part X		<b>▶</b> - \$

<b>3</b> l	Organizations Maintaining Co	llections of Art,	<u>Histo</u>	rical Ti	reasu	res, or O	the	<u>r Similar Ass</u>	sets (co	ontinued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of	the foll	owing that a	re a	significant use	of its	
аГ	Public exhibition		d [	Loan	orexc	hange progr	ams			
ь「	Scholarly research		е Г	Othe	r					
c 「	Preservation for future generations									
	Provide a description of the organization's co Part XIII	ollections and explain	how th	ney furthe	er the d	organızatıon	's ex	empt purpose ır	ו	
	During the year, did the organization solicit								,	<b>-</b>
Part	assets to be sold to raise funds rather than to <b>IV</b> Escrow and Custodial Arrang							<u>.</u>	Yes	No
rait	Part IV, line 9, or reported an ar					i answere	a i	es to rolling.	<i>5</i> 0,	
	is the organization an agent, trustee, custoo ncluded on Form 990, Part X?	lian or other intermed	ıary foı	contribu	utions (	or other ass	ets r		Yes	┌ No
<b>b</b> I	If "Yes," explain the arrangement in Part XI.	II and complete the fo	ollowing	g table		_				
_	_						_	Am	ount	
_	Beginning balance					-	1c 1d			
	Additions during the year					-	1e			
_	Distributions during the year						1f			
	Ending balance	orm 000 Bort V line	212			L	<u>., 1</u>	г	Yes	
	Old the organization include an amount on Fo								165	, 140
	If "Yes," explain the arrangement in Part XI.									<u>'</u>
Part	Endowment Funds. Complete	(a)Current year	( <b>b)</b> Prio				_		<b>(e)</b> Four y	ears back
<b>1</b> a E	Beginning of year balance	1,944,216		1,670,339		1,660,734	_	2,689,264		2,026,848
<b>b</b> (	Contributions	49,000		119,367						100,000
c l	Net investment earnings, gains, and losses	55,225		154,510		9,605		-976,998		562,416
d (	Grants or scholarships									
	Other expenditures for facilities and programs	1,091,949						51,532		
	Administrative expenses									
-	End of year balance	956,492		1,944,216		1,670,339		1,660,734		2,689,264
<b>2</b> F	Provide the estimated percentage of the cur	rent year end balance	(line 1	g, colum	nn (a))	held as				
a [	Board designated or quasi-endowment 🕨									
<b>b</b> F	Permanent endowment ► 80 000 %									
	Femporarily restricted endowment ► 20 ° The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
	Are there endowment funds not in the posse	ssion of the organizat	ion tha	t are hel	d and a	ıdmınıstered	for	the		T
	organization by (i) unrelated organizations							3a(i	Yes	No No
	(ii) related organizations							3a(i		No
	If "Yes" to 3a(II), are the related organization		on Sch	edule R?	٠	· · · · ·	٠. ٔ	3b		<del>                                     </del>
4 [	Describe in Part XIII the intended uses of the	ne organization's endo	owment	funds						
Part	VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e orga	anızatıoı	n ansv	vered 'Yes	' to	Form 990, Pai	rt IV, lı	ne
	Description of property			(a) Cost or asıs (ınves		(b)Cost or o basis (othe		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
<b>1a</b> La	and		ı							
	and									
<b>b</b> Bu						112	,268	2,95!	5	109,313
<b>b</b> Bu <b>c</b> Le	uildings		.			112 1,671	-	2,95! 170,34		109,313 1,501,332
<b>b</b> Bu <b>c</b> Le <b>d</b> Ec <b>e</b> O	uildings		.			1,671 424	-		3	

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	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)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	26,468,915
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )	97	
e Add lines 2a through 2d	. 2e	63,497
3 Subtract line <b>2e</b> from line <b>1</b>	. з	26,405,418
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 47,	07	
b Other (Describe in Part XIII ) 4b		
c Add lines <b>4a</b> and <b>4b</b>	. 4c	47,007
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	26,452,425
Part XII Reconciliation of Expenses per Audited Financial Statements With Exper	ses pe	
If the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	22,941,199
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	┝	22,541,155
a Donated services and use of facilities		
b Prior year adjustments 2b	_	
· · · · · · · · · · · · · · · · · · ·	_	
c Other losses		
d Other (Describe in Part XIII )		1 060 000
e Add lines 2a through 2d	. 2e	<del>' ' '</del>
3 Subtract line 2e from line 1	. 3	21,872,316
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 47,	07	
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	. 40	<del> </del>
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	21,919,323
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b ar 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 of the complete this part of the complete the complete the complete the complete this part information.		vide any additional
Return Reference Explanation		
PART V, LINE 4 EARNINGS FROM PERMANENTLY RESTRICTED ENDOWMENTS A		
ADVANCE PROGRAMS IN THE FOLLOWING AREAS 1) EDUCATION DEVELOPMENT, 2) PUBLIC AND GOVERNMENT OUTREACH AND		
PROGRAMS FOR SCHOLASTIC ACHIEVEMENT IN ADDITION, T		
ESTABLISHED A FUND THAT WAS INTENDED TO FINANCE THE	COSTO	F RELOCATING THE
HEADQUARTERS OFFICE WHEN THE LEASE EXPIRED SUCH BO		
WERE FULLY UTILIZED BY AICHE IN 2013 WITH THE RELOCAT! HEADQUARTERS TO NEW OFFICE SPACE	JN OF A	ATCHE 3
PART X, LINE 2 SCHEDULE D, PART X, LINE 2 - EXPLANATION FOR UNCERTAIN	TAXPO	SITIONS UNDER FIN
48 AICHE HAD NO UNCERTAIN TAX POSITIONS AS OF DECEM		
ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATIO "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABL		

YEARS ENDED BEFORE DECEMBER 31, 2010

1,005,386

COSTS OF DIRECT BENEFITS TO DONORS 63,497

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

COSTS OF DIRECT BENEFITS TO DONORS 63,497 UNREALIZED LOSS ON INVESTMENTS

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493196001404 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2013 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. Department of the Treasury Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Inspection** Name of the organization Employer identification number AMERICAN INSTITUTE OF CHEMICAL ENGINEERS 13-1623892 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used ☐ Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (a) Region (f) Total expenditures offices in the employees, region (by type) (e.g., program service, describe for and investments region agents, and fundraising, program specific type of in region independent services, investments, grants service(s) in region contractors in to recipients located in the region region) PROGRAM SERVICES ORGANIZING & 130,720 SOUTH ASIA 1 CONDUCTING TRAINING PROGRAMS & SEMINARS/SPEAKING AT CONFERENCES 273.897 EUROPE (INCLUDING 0 1 PROGRAM SERVICES ORGANIZING & ICELAND & GREENLAND) CONDUCTING TRAINING PROGRAMS & SEMINARS/SPEAKING AT CONFERENCES SOUTH AMERICA O PROGRAM SERVICES CONFERENCE 0 137,767 542,384 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 542,384

Cat No 50082W

Schedule F (Form 990) 2013

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

Pa						<b>ited States.</b> Comp <u>duplicated if additio</u>			to Form 990,
1	(a) Name of organization	(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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2						les by the foreign co.(c)(3) equivalency			
3	Enter total nur	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2013

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>b)</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)
							appraisal, other)
							ula E (Earry 000) 2012

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the 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	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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)	Г	Yes	V	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	Yes	<u>ح</u> ا	No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
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	Yes	দ	. No
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).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013	Page <b>5</b>
method; amounts of inve (accounting method); ar	required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting estments vs. expenditures per region); Part II, line 1 (accounting method); Part III d Part III, column (c) (estimated number of recipients), as applicable. Also complete additional information (see instructions).
ReturnReference	Explanation

Schedule F (Form 990) 2013

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DLN: 93493196001404

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	he organization	EMICAL ENGINEER	c			Employer ident	ification number	
IEKICA	N INSTITUTE OF CH	LMICAL ENGINEER	<i></i>			13-1623892		
art I	Fundraising Act Form 990-EZ filers				on answered "Yes" to part.	o Form 990, Part IV,	line 17.	
Indic	cate whether the organ	ızatıon raısed funds t	through ar	ny of the f	ollowing activities Che	ck all that apply		
ı V	Mail solicitations			e	Solicitation of non-	government grants		
, F	Internet and email soli	cıtatıons		f	☐ Solicitation of gove			
: F	Phone solicitations			g	Special fundraising			
<b>.</b> [ ]	In-person solicitations	;		_				
					vidual (including officers tion with professional fu		√ <sub>Yes</sub> √	
	es," list the ten highes e compensated at least			<sup>f</sup> undraiser	rs) pursuant to agreeme	nts under which the fun	draiser is	
	me and address of individual ntity (fundraiser)	(ii) Activity	fundrais	Did ser have ody or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization	
			control of			col <b>(i)</b>		
			Yes	utions?				
145		PLANNING AND DIRECTING OF ANNUAL GALA	res	No No	392,500	69,640	322,86	
<u>N E W</u>	YORK, NY 10036							
—— otal			<u>                                      </u>	<b></b>	392,500	69,640	322,86	
	all states in which the stration or licensing	organization is regist	tered or li	censed to	solicit contributions or	has been notified it is o	exempt from	
, (	-							

		events with gross receipts g		ons and gross income	: OII 1 OIIII 990-LZ, IIII	ies I and Ob. List
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
Revenue	1	Gross receipts	392,500			392,500
φÇΦ	2	Less Contributions	329,003	3		329,003
<u>~</u>	3	Gross income (line 1 minus line 2)	63,497	7		63,497
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	60,948	3		60,948
쬬	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	2,549			2,549
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(63,497)
	11	Net income summary Subtract li	ne 10 from line 3, columr	(d)		0
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Б Б	4	Rent/facility costs				
ā	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes %	<ul><li>✓ Yes</li></ul>		_
	7	Direct expense summary Add line	s 2 through 5 in column (	d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	n of these states?		「Yes 「No
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes F No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	⁄ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493196001404

OMB No 1545-0047

Open to Public **Inspection** 

Employer identification number

AMERICAN INSTITUTE OF CH	13-1623892	13-1623892					
<ol> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> </ol>	to award the grants of ganization's procedure	antiate the amount of the rassistance?es for monitoring the use	of grant funds in the l	Jnited States			ר Yes Γ
		Governments and ecipient that received					l "Yes" to
(a) Name and address of organization or government	<b>(b)</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)	18,000		N/A	N/A	PROJECT WISE

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

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>b)</b> Number of recipients	<b>(c)</b> 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
Dort IV Supplemental Inform	ntion Drawda the unf	ormation required in Di	ort I line 2 Dort III co	lump (b) and any other a	dditional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 2013 THE OBJECTIVE IS FOR 3RD OR 4TH YEAR
	ENGINEERING STUDENTS TO LEARN HOW GOVERNMENT OFFICIALS MAKE DECISIONS ON COMPLEX TECHNOLOGICAL ISSUES AND HOW
	ENGINEERS CAN CONTRIBUTE TO LEGISLATIVE AND REGULATORY PUBLIC POLICY DECISIONS AICHE SPONSORED 3 ENGINEERING
	STUDENTS IN 2013, 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 INSTITUTE OF ELECTRICAL AND ELECTRONICS
	ENGINEERS, 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 U.S. 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

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DLN: 93493196001404

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** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

13-1623892

Pa	Tt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes	
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				Yes	
				2	165	
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all the used by a related organization to establish compensa	t appl	y Do not check any boxes for methods			
	▼ Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	<u></u>	Compensation survey or study			
	Form 990 of other organizations	ᅜ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
C	Participate in, or receive payment from, an equity-base	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a	Yes	
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ııd or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)^{\circ}$	rebutt	able presumption procedure described in Regulations	9		

# 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation				reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

## Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINES 1A, 5,	PART I, QUESTION #1A THE ORGANIZATION MAKES GROSS-UP PAYMENTS IN TWO AREAS 1) THE ESTIMATED PERSONAL USAGE VALUE OF
6 AND 7	ELECTRONIC DEVICES IS ADDED TO INDIVIDUAL INCOME, AND GROSSED UP FOR TAX PURPOSES, AND 2) THE ESTIMATED VALUE OF A
	CORPORATE APARTMENT AND REIMBURSEMENT OF HOTEL AND TRAVEL EXPENSES 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) 2013

# **Additional Data**

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	f W-2 and/or 1099-MIS	SC 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 EXECUTIVE DIRECTOR	(1) (11)		126,392	29,777	33,500 0	40,701 0	461,620 0	0	
RICK CAIN DIRECTOR, FINANCE	(I) (II)		67,971	34,277	29,939 0	40,374 0	334,762 0	0	
ELIZABETH LAWLER DIRECTOR, OPERATIONS	(1) (11)		67,398	18,901	24,180 0	27,712 0	310,312 0	0	
STEPHEN SMITH DIRECTOR, TECHNICAL ACTIVITIES	(1) (11)		55,492 0	26,868 0 0	9,246 0	26,532 0	282,159 0	0	
SCOTT BERGER DIR CCPS, CHEMICALS, PROG & SALES	(1) (11)		56,419 0	18,090	25,077 0	41,745 0	305,068 0	0	
CATHY DIANA DIR, HR, FOUNDATION & OFFICE SVCS	(1) (11)		60,611	7,974 0	9,643 0	41,743 0	237,636 0	0	
LOUISA NARA CCPS TECHNICAL DIRECTOR	(1) (11)		22,280	27,388	20,470 0	22,595 0	214,522 0	0	
KRISTINE CHIN DIRECTOR, PROGRAM DEVELOPMENT	(1) (11)		12,291	20,821	12,755 0	41,352 0	212,007 0	0	
AMIT GUPTA DIRECTOR, INFORMATION TECHNOLOGY	(1) (11)		11,914	17,814	19,641 0	3,964 0	190,036 0	0	
JEFFREY WOOD DIRECTOR, MEETINGS	(I) (II)		10,366	16,873	16,420 0	25,359 0	198,858 0	0	

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DLN: 93493196001404

# OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AMERICAN INSTIT		CAL ENGINEER	.s				"	mpioy	er ident	iricatio	on numbe	:F
							1	3-16	23892			
					3) and section							
	e of disquali			<u>s" on Form 99</u> nship betweer	0, Part IV, line	25a or 25b, o (c) Desc					40b (d) Corr	rected?
<b>1 (a)</b> Nam	e or uisquaii	neu person		on and organi	•	(C) Desi	.iiptioii	or tra	iisactioi	' ⊦	Yes	No.
			<u> </u>	<u> </u>							103	110
			+									
3 F-tth					<u> </u>		h					
4958 .	· · · ·	x incurred b	y organization	managers or	disqualified per	sons during t	ne year • •		F \$	·		
3 Enterthe a	amount of ta	x, ıf any, on	line 2, above,	reimbursed by	y the organizati	on			<b>▶</b> \$			
			m Interesto		5 <b>.</b> 990-EZ, Part V	lina 205 ar	Earm O	00 D		no 26	or if the	
					line 5, 6, or 22		FUIIII 9	90, F	aic I V , ii	ne zo,	or ii tile	
(a) Name of	(b)	(c)	(d) Loar	to	(e)Original	<b>(f)</b> Balance	<b>(g)</b> In		(h)		(i)Wrı	tten
interested	Relationsh with	nıp Purpos loar			principal amount	due	defaul	t?	A pprov	'ed	agreen	nent?
person	organizati		Organizac	10111	announc				board			
									or			
			То	From	-		Yes	No	committee?		Yes	No
			10	110111			163	140	165	No	165	140
											_	
											_	
											_	
											_	
Total		<u> </u>										
Part III Gra					Form 990, Pa	art IV line 2	7					
(a) Name of Ir	•		onship betwee	_	nt of assistance			ıstano	e ( <b>e</b>	) Purpo	se of ass	istance
perso		ınterested	person and th						`	'		
		orga	anızatıon									
						_						
						_						

Part IV Business Transactions			- 20- 20 20-		
Complete if the organization	<u>ion answered "Yes" on i</u>	<u>-orm 990, Part IV, IIn</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN W JACK HIPPLE	SEE PART V	35,100	SEE PART V		Νo
					1

# Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV	JACK HIPPLE BECAME A BOARD MEMBER OF AICHE IN 2012 HE IS A PRINCIPAL OF A
	COMPANY WHICH PROVIDES EDUCATIONAL TRAINING SERVICES TO AICHE HE HAS BEEN TEACHING TWO COURSES FOR AICHE SINCE 2003, WHICH ARE AMONG AICHE'S BEST
	SELLERS DUE TO HIS EXPERTISE ON THE TOPICS, HE IS THE BEST PERSON TO BE
	INSTRUCTING THESE COURSES FEES PAID BY AICHE TO THIS COMPANY AMOUNTED TO \$35,100 FOR THE YEAR ENDED DECEMBER 31, 2013

Schedule L (Form 990 or 990-EZ) 2013

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0** (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

**Employer identification number** 

13-1623892

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ABOUT 46,000 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 A, LINE 7B	A MENDMENTS TO THE AICHE CONSTITUTION REQUIRE RATIFICATION BY ITS 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 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 COMPARABILITY STUDIES ON A ROLLING BASIS EVERY 3-4 YEARS 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
FORM 990, PART IX, LINE 11G	PROJECT CONSULTANTS PROGRAM SERVICE EXPENSES 375,549 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 375,549 PROJECT RESEARCH PROGRAM SERVICE EXPENSES 1,296,791 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,296,791 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 583,240 MANAGEMENT AND GENERAL EXPENSES 155,219 FUNDRAISING EXPENSES 31,267 TOTAL EXPENSES 769,726
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 1,559,802 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT COST -291,938