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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calenda	ar year, or tax year beginning 01-01 , 2013, and ending	12-31	. , 20 13
В	B Check if applicable		C Name of organization D Emp	loyer ider	ntification number
	Address ch	nange	SOUTH TEXAS SECTION AICHE 2	3-74296	567
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele	phone num	nber
Initial return					
	Terminated	1	POST OFFICE BOX 421373 (281) 263	3-8978
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	ıp Exempt	ion
	Application	pending	HOUSTON, TX 77242 Num	ber 🕨	2603
		iting Method		X if th	e organization is not
1	Websit	e: ► HTTP			Schedule B
J ·	Tax-exe	mpt status (c	check only one) - 🔀 501(c)(3) □ 501(c)() ◀ (insert no) □ 4947(a)(1) or □ 527 (Form 99	90, 990-EZ	, or 990-PF)
			☐ Corporation ☐ Trust ☐ Association ☐ Other		
L.	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> \$	167,323
	art I		e, Expenses, and Changes in Net Assets or Fund Balances(see the instruction		
<u></u>			ne organization used Schedule O to respond to any question in this Part I		
	1		s, gifts, grants, and similar amounts received		
	2		vice revenue including government fees and contracts		155,333
	3		dues and assessments		11,835
	4	Investment in		-	155
	5a		nt from sale of assets other than inventory		•••
	Ь		r other basis and sales expenses	7	
	1		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6		fundraising events		
		-	ne from gaming (attach Schedule G if greater than		
e	-			1 1	
Revenue	Ь	Gross incom	-		
æ			ne from fundraising events (not including \$ of contributions sing events reported on line 1) (attach Schedule G if the		
			gross income and contributions exceeds \$15,000) 6b		
	c		expenses from gaming and fundraising events 6c	7	
	i .		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-	
				. 6d	
	7a	•	of inventory, less returns and allowances		
	1	Less cost of		-	
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8		ue (describe in Schedule O)	—	
			ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	167,323
	10		similar amounts paid (list in Schedule O)	. 10	15,000
	11		d to or for members		
ı	12	•	per compensation, and employee benefits		
565	13		I fees and other payments to independent contractors	·	800
Expenses	14		rent, utilities, and maintenance	→	
ă	15	-	blications, postage, and shipping	⊢	
<u>`</u>	16	= :	ises (describe in Schedule O)		141,541
1)	17	•	ses. Add lines 10 through 16	17	157,341
_	18		deficit) for the year (Subtract line 17 from line 9)	\rightarrow	9,982
əts	19	=	or fund balances at beginning of year (from line 27, column (A)) (must agree with	· · · · · ·	
SS	"		figure reported on prior year's return)	. 19	190,077
Net Assets	20		les in net assets or fund balances (explain in Schedule O)		1,0,011
ž	21	•	or fund balances at end of year Combine lines 18 through 20	21	200,059
For	1		on Act Notice, see the separate instructions.		Form 990-EZ (2013)
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	990-EZ (2013) SOUTH TEXAS SECTION AICH	IE			2	3-742	296	67 Page 2
Pa	rt II Balance Sheets (see the instructions for Part II)							
	Check if the organization used Schedule O to respond to a	any question in this Pa	ırt II					🔲
				(A) Begir	nning of year			(B) End of year
22 (Qash, savings, and investments		[190,07	77 2	2	200,059
23 L	_and and buildings		[-	0 2	3	0
24 (Other assets (describe in Schedule O)		[0 2	4	0
	Total assets		۲		190,07	77 2	5	200,059
26 1	Total liabilities (describe in Schedule O)					0 2	6	0
27 f	Net assets or fund balances (line 27 of column (B) must agree wi	ıth (ine 21)			190,07	77 2	7	200,059
	rt III Statement of Program Service Accomplis			Part III)			<u> </u>	Expenses
	Check if the organization used Schedule O to respond to						Reau	ured for section
Wha	t is the organization's primary exempt purpose? CHEMICAL EN							(3) and 501(c)(4)
						_		izations and section
	cribe the organization's program service accomplishments for each			s,			-	a)(1) trusts, optional
	neasured by expenses In a clear and concise manner, describe the ons benefited, and other relevant information for each program title	•	e number of			- 1		ners)
	MONTHLY MEETINGS AT WHICH TOPICS OF INTERE		PD) O(I	1013 /
-	PUBLICATION OF NEWSLETTER; PARTICIPATION I					_		
-	SPONSORSHIP OF PROCESS TECHNOLOGY CONFEREN		.5 /			-		
-			haak bara			⊢ ,		141,541
- 2	(Grants \$ 15,000) If this amount inc	dudes foreign grants, c	neck nere .	· · · · ·		<u> </u>	8a	141,541
29 _						— İ		}
-			**					
-	(0)					<u>ہ</u> ا۔	_	
- 2	(Grants \$) If this amount inc	ludes foreign grants, c	heck here .	• • • • •	<u> ▶</u>	<u>니 2</u>	9a	
30								
						_		
-								
-	· _ · · · · · · · · · · · · · · · · · ·					-		
- 4		cludes foreign grants, c					0a	
31 (Other program services (describe in Schedule O)							
31 (Other program services (describe in Schedule O) (Grants \$) If this amount inc		heck here	· · · · ·	.		1a	
31 (Other program services (describe in Schedule O) (Grants \$) If this amount inc Total program service expenses (add lines 28a through 31a)	cludes foreign grants, c	heck here	· · · · ·			1a 32	141,541
31 (Other program services (describe in Schedule O)	cludes foreign grants, c	heck here	ensated	(see the ins	3 struction	1a 32 ns f	or Part IV)
31 (Other program services (describe in Schedule O) (Grants \$) If this amount inc Total program service expenses (add lines 28a through 31a)	cludes foreign grants, c	heck here	ensated	(see the ins	3 struction	1a 32 ns f	or Part IV)
31 (Other program services (describe in Schedule O)	cludes foreign grants, c	en if not comp	ensated	(see the ins	struction	32 ns f	or Part IV)
31 (Other program services (describe in Schedule O)	vees (list each one even any question in this P	en if not comp	ensated	(see the ins	struction	32 ns f	or Part IV)
31 (Other program services (describe in Schedule O)	cludes foreign grants, c	en if not comp	ensated ble ionMISC)	(see the ins	struction	32 ns f	or Part IV)
31 (32 Pa	Other program services (describe in Schedule O)	vees (list each one even any question in this P	en if not comp lart IV (c) Reportal compensat	ensated ble ionMISC)	(see the ins	struction	32 ns f	or Part IV)
31 (32 Pa	Other program services (describe in Schedule O)	vees (list each one even any question in this P	en if not comp lart IV (c) Reportal compensat	ensated ble ionMISC)	(see the ins	struction	32 ns f	or Part IV)
31 (32 Pa	Other program services (describe in Schedule O)	vees (list each one ever any question in this P	en if not comp lart IV (c) Reportal compensat	ensated ble lon l-MISC)	(see the ins	struction	32 ns fo	(e) Estimated amount of other compensation
CAR	Other program services (describe in Schedule O)	vees (list each one ever any question in this P	en if not comp lart IV (c) Reportal compensat	ensated ble lon l-MISC)	(see the ins	struction	32 ns fo	(e) Estimated amount of other compensation
CAR CHA	Other program services (describe in Schedule O)	cludes foreign grants, converse (list each one ever any question in this Plants of the converse hours per week devoted to position	en if not comp lart IV (c) Reportal compensat	ensated ble ionMISC) nter -0-)	(see the ins	struction	32 ns f	(e) Estimated amount of other compensation
CAR CHA KAT SEC	Other program services (describe in Schedule O)	cludes foreign grants, converse (list each one ever any question in this Plants of the converse hours per week devoted to position	en if not comp lart IV (c) Reportal compensat	ensated ble ionMISC) nter -0-)	(see the ins	struction	32 ns f	(e) Estimated amount of other compensation
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Form **990-EZ** (2013)

Form 9	990-EZ (2013) SOUTH TEXAS SECTION AICHE 23-74296	67	Р	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33 ͺ	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	. 1	Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37ь	[]	Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	,		
39	Section 501(c)(7) organizations Enter		[
а	Initiation fees and capital contributions included on line 9			
b		1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	1		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ VEN PINJALA Telephone no. ▶ 281-2	63-8	978	
	Located at ▶ POST OFFICE BOX 421373, HOUSTON, TX ZIP+4 ▶ 77242			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the US?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			

Form 990-EZ (see instructions)

Form 9	990-EZ (201	3) SOUTH TEXAS SEC	TION AICHE			23-74	29667		age 4
			-	<u> </u>		-		Yes	No
46		organization engage, directly or indirectly, i		ies on behalf of or in opp	osition				.,
Por		dates for public office? If "Yes," complete		<u> </u>	<u> </u>		. 46		<u> </u>
raj		Section 501(c)(3) organizations All section 501(c)(3) organizations		ons 47-49h and 52	and comp	lete the tal	hles for li	ines	
		50 and 51.	mast answer quest	0113 47 40 0 and 02,	and comp	note the tal	DIC3 101 11		
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part V	l . .			. П
		•		Z 1 .				Yes	No
47	Did the	organization engage in lobbying activities of	r have a section 501(h) el	ection in effect during the	tax				
	-						. 47	<u> </u>	X_
48	Is the o	rganization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E			. 48		X
49 a		organization make any transfers to an exer		organization?			. 49a	ļ	X
b		was the related organization a section 527					. 49b		
50		ete this table for the organization's five high							
	employ	ees) who each received more than \$100,00	or compensation from tr	1	1				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	(d) Health I	to employee	(e) Estimate		
		(a) Name and title of each employee	devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a comper		other co	mpensa	tion
-									
NON	E								
f	Total ni	umber of other employees paid over \$100,0	 00	<u></u>	<u> </u>				
51		ete this table for the organization's five high		dent contractors who eac	- h received mo	ore than			
		00 of compensation from the organization							
	(-)	Name and business address of each independent con	· · · · · · · · · · · · · · · · · · ·	(b) Tues of soons		(-)	Composite		
	(4)	Name and business address of each independent con		(b) Type of service		(6)	Compensation	,,,	
								-	
									
d	Total no	umber of other independent contractors each	ch receiving over \$100,000) >					
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) organ	nizations and 4947(a)(1)			_	_	
	-	mpt charitable trusts must attach a comple					X Yes	<u> </u>	No
		f perjury, I declare that I have examined this return, incl			f my knowtedge a	and belief, it is			
true, c	orrect, and	complete Declaration of preparer (other than officer) is	11 1 /	preparer has any knowledge		1 1			
Sig	<u> </u>	VEN PINJALA VQ	wyayns		Date	1.14[14	-		
Her		VEN PINJALA, TREASURER	•		50.0				
	`	Type or print name and title			-				-
		Pnnt/Type preparer's name	Preparer signature	Date	1 0	heck if	PTIN		
Paid		JOSEF G KAMERLING	HALL KALAMINA	:XUN/9/X8/9	7 /	elf-employed	P01070	067	
Prep		Firm's name > KAMERLING & DO	LASE INCORPORAT	ED /	Firm's E	IN ▶			
•	Only	Firm's address ► 4709 MERWIN ST	+V	U	/				
		HOUSTON TX 7702	27-6607		Phone n	0 713-6	27-7560)	
May	the IRS	discuss this return with the preparer shown	above? See instructions				X Yes		No
EEA							Form 99	90-EZ	(2013)

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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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 SOUTH TEXAS SECTION AICHE 23-7429667 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 П A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) \Box 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) П A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-funtionally integrated a ∏ Type I b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Νo (iii) below, the governing body of the supported organization? 11g(ı) 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the governing document? col (i) of your above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

23-7429667

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage from 2012 Schedule A, Part II, line 14 % 15 15 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990 or 990-EZ) 2013

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

(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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,824	16,088	26,250	27,070	11,835	109,067
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	89,733	142,400	98,826	155,462	155,333	641,754
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		·				
6	Total. Add lines 1 through 5	117,557	158,488	125,076	182,532	167,168	750,821
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						750,821
	ction B. Total Support					·	
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	117,557	158,488	125,076	182,532	167,168	750,821
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	115	4.0	140	27.4	155	706
	royalties and income from similar sources	115	40	142	274	155	726
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-		
C	Add lines 10a and 10b	115	40	142	274	155	726
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 capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	117,672	158,528	125,218	182,806	167,323	751,547
	First five years. If the Form 990 is for the organization, check this box and stop here	·				i) <i></i>	▶□
	ction C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, co)		15	99.90 %
16						16	99.57 %
	ction D. Computation of Investme		-				
17	Investment income percentage for 2013 (line		•			17	0.10 %
18	Investment income percentage from 2012 Sc					18	0.43 %
	33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box at	and stop here . The	organization qual	fies as a publicly s	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this beautiful to the support tests - 2012.	oox and stop here.	The organization of	qualifies as a public	cly supported organ		▶ □
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box an	d see instructions		<u></u> ▶ 📙

990	Overflow Statement	2013 Page 1
Name(s) as shown on return		FEIN
, SOUTH TEXAS	SECTION AICHE	23-7429667

PROGRAM SERVICE INCOME

Description			Amount
EXHIBITS		\$	6,457
MEALS			14,835
SEASON PASS			3,441
SPONSORSHIP		·	4,467
MISCELLANEOUS			1,004
OTC HONORARIA			2,000
PE REVIEW COURSE			8,103
PROCESS TECHNOLOGY CONFERENCE			115,026
То	tal:	\$	155,333

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

SOUTH TEXAS SECTION AICHE 23-7429667 01. List of grants and similar amounts paid (Part I, line 10) STUDENT SCHOLARSHIPS ACTIVITY TWELVE STUDENTS RECEIVED 1,250 EACH GRANTEE RELATIONSHIP NONE 15,000 AMOUNT 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT AWARDS AND PLAQUES 2,267 BANK CHARGE 49 CITIZENS ENVIRONMENTAL COALITION 100 ENGINEERS COUNCIL DUES 1,200 EXECUTIVE COMMITTEE 1,808 1,896 K-12 LEADERSHIP DEVELOPMENT 606 MEETINGS 31,123 MISCELLANEOUS 680 PE COURSE 8,445 POSTAGE 95 PROCESS TECHNOLOGY CONFERENCE 75,088 SCIENCE FAIR 3,012 STUDENT CHAPTERS SUPPORT 8,000 TREASURER 133

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WEBCASTING

Schedule O (Form 990 or 990-EZ) (2013)				Page 2
Name of the organization	· · · · · · · · · · · · · · · · · · ·		Employer identification number	
SOUTH TEXAS SECTION AICHE		<u> </u>	23-7429667	
YOUNG MEMBERS	6,972			
ROUNDING	2		· · · · · · · · · · · · · · · · · · ·	
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Schedule O (Form 990 or 990-EZ) (2013)

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