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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

▶ 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

		of the Treasury nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/form990	<i>o</i> .	inspection
ĀI	or the	2013 calenda	er year, or tax year beginning January 1, , 2013, and ending [December	31, , 20 13
_	Check if an	1		mployer ide	entification number
	Address c	hange	International Society For Ion Mobility Spectrometry, Inc	3	0-571372
	Name cha	ange		elephone nu	
=	Initial retu		1175 N Horseshoe, New Mexico State	579	5-646-2146
=	Terminate Amended			Group Exer	
=		n pending	Las Cruces, New Mexico 88003	Number •	,
		ting Method		ck ▶ 🗸 ıf	the organization is not
	Vebsite	•			ich Schedule B
JТ	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	m 990, 990	-EZ, or 990-PF)
			✓ Corporation ☐ Trust ☐ Association ☐ Other		
LA	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 ass	sets	•
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	
*P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .		🗸
	1	Contributio	ns, gifts, grants, and similar amounts received	1	134,215 73
	2	Program s	ervice revenue including government fees and contracts	2	
	3	Membersh	ip dues and assessments	3	
	4	Investment	income	. 4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b	Less cost	or other basis and sales expenses . 5b		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming an	d fundraising events		
_	а		ome from gaming (attach Schedule G if greater than		
μe		\$15,000)		_	
Revenue	b		me from fundraising events (not including \$of contributions		
æ			aising events reported on line 1) (attach Schedule G if the		
			h gross income and contributions exceeds \$15,000) . 6b		
	С		t expenses from gaming and fundraising events . 6c	<u>_</u>	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	~·	
		line 6c) .		· 6d	
	7a		s of inventory, less returns and allowances . 7a	'`	
	b		of goods sold	 _ -	
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	► 8 9	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	134,215 73
	10			11	
"	11	•	ther compensation, and employee benefits RECEIVED	. 12	
Se	13			. 13	
en	14		y, rent, utilities, and maintenance APR 16 2014	. 14	·····
Expenses	15		ibligations, postage, and chipping	. 15	
	16		unses (describe in Schedule O)	. 16	115 471 00
	17	•	enses. Add lines 10 through 16.	17	115,471 99
	18		(deficit) for the year (Subtract line 17 from line 9)	18	115,471 99 18,743 74
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit		10,743 74
SS	-		ir figure reported on prior year's return)	19	46,119 83
žt A	20	-	iges in net assets or fund balances (explain in Schedule O)	20	40,119.03
ž	21		or fund balances at end of year Combine lines 18 through 20	▶ 21	64,863 57
For			ion Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2013)

22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe in Schedule O) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20 Check if the organization used Schedule O to respond to any question in this Part III 28 Check if the organization's primary exempt purpose? 29 See Attached 29 Journal expense (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign grants, check here 29 Journal expenses (Grants \$) If this amount includes foreign gra		750 22 (20.0)					, ugo
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22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? See Attached Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 Holding the annual ion Mobility Spectrometry conference. (Grants \$) If this amount includes foreign grants, check here		Check if the organization used Schedule	e O to respond to a	ny question in this			(7) 5-1-1
23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 25 Total assets 26 Total assets 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? See Attached Solicity See Attached See Attached Solicity See Attached See Attached Solicity See Attached See Attached Solicity See Attached See Att						001	(B) End of year
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Journal expense Grants \$ If this amount includes foreign grants, check here 29a							
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(Grants \$) If this amount includes foreign grants, check here . ▶ ☐ 31a 32 Total program service expenses (add lines 28a through 31a) . ▶ 32 Part IV: List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruction of the organization used Schedule O to respond to any question in this Part IV . (b) Average hours per week hours per week devoted to respin on (Forms W-2/1099-MISC) benefit plans, and other per week of the organization of the program of the pro		(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	30a	14218 04
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(b) Average (c) Reportable compensation (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) benefit plans, and oth	Par					nstru	ctions for Part IV)
(a) Name and title (b) Average compensation contributions to employee (e) Es (Forms W-2/1099-MISC) benefit plans, and oth		Check if the organization used Scheduli					· · L
devoted to position (Forms W-2/1099-WIGO) belief plans, and our		(a) Name and title	hours per week	compensation	contributions to employ		Estimated amount of other compensation
			devoted to position				other compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	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		✓
С	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		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			٠,
ь 38а	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		✓
30 <i>a</i>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	,,,	*
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	,	
41	List the states with which a copy of this return is filed ► New Mexico			
42 a		281-48		1
h	Located at ► 1290 Hercules Drive, Houston, Texas ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	770	Yes	Na
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43			▶ □
44-	Del the consistency and described finds divined the years 16 "Ves." Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	-	✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		~ ~~~~	
4-	explanation in Schedule O	44d		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	-	1

Vest No candidates for public office? If "Yes," complete Schedule C, Part I	Form 990)-EŽ (2013)							P	age 4
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI The check if the organization engage in lobbying activities or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II By late the organization as school as desorbed in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E and year yet ransfers to an exempt non-charitable related organization? By Bottle deep registration as each organization as section 52? organization? Complete this table for the organization as each organization from the organization if there is a none, enter "None." (a) Name and title of each employees paid over \$100,000 of compensation from the organization if there is none, enter "None." (b) Name and title of each employees paid over \$100,000 f Total number of other employees paid over \$100,000 f						on behalf of o	r in oppositio	- 1	Yes	No
Ves No year? If "Yes," complete Schedule C, Part II If I total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 Complete this table for the organization of the organization organization organization organiza		Section All section 50 and 5	501(c)(3) organizations on 501(c)(3) organization	s only is must answer que	stions 47-49b ar		emplete the	'	or line	es . \square
year? If "Yes," complete Schedule C, Part II 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<u> </u>		, , , , , , , , , , , , , , , , , , ,				Yes	No
Did the organization make any transfers to an exempt non-charitable related organization? 498 √					section 501(h) elec	tion in effect	during the ta	- 1		1
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization of sive highest compensated employees (other than officers, directors, trustess and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours be view the devoted to position (forms W-2)1099-MISQ) (c) Hearth benefits, the compensation of compensation of their compensation of other compensation of other compensation. (c) Total number of other employees paid over \$100,000 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Compensation (e) Compensation (e) Compensation (ii) Type of service (iii) Compensation (iii) Compensation (iii) Type of service (iii) Co	48	Is the organizat	ion a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule E		48		✓
Complete this table for the organization's five highest compensated employees (other than officers, directors, fusitees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None." [a) Name and title of each employee [b) Average hours per week found to position [c) Reportable compensation [c) R					_	ınızatıon?		49a		✓
(a) Name and talle of each employee	50	Complete this	table for the organization's	five highest compen	sated employees (rs, truste		
f Total number of other employees paid over \$100,000 . ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 1 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deciption of prepare (other than effect) is based on all information of which preparer has any knowledge 1 Sign		(a) Name and ti	tle of each employee	hours per week	compensation	contributions benefit plans,	to employee (and deferred			
f Total number of other employees paid over \$100,000 . ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 1 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deciption of prepare (other than effect) is based on all information of which preparer has any knowledge 1 Sign										
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Didder penalities of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer fother thangeficer) is based on all information of which preparer has any knowledge Sign Here Phada Limero, ISIMS Treasurer Type or print name and litle Preparer Use Only Firm's name Preparer's signature Preparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer is signature Proparer's signature Proparer's signature Proparer's signature Proparer is signature Proparer is signature Proparer is signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature								-		
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than direct) is based on all information of which preparer has any knowledge Sign Prind Type or print name and title Preparer Use Only Prim's name Firm's name Firm's address Phone no	51	Complete this	table for the organization	's five highest compe		ent contractors	who each	received	more	than
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		(a) Name and b	usiness address of each independ	dent contractor	(b) Type of s	service	(c) C	ompensati	on	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
true, correct, and complete Declaration of preparer (other than afficer) is based on all information of which preparer has any knowledge Sign		Did the organiz	ation complete Schedule	A? Note . All section 5	01(c)(3) organizatio	. ► ons and 4947(a 	a)(1) . ►	✓ Yes		No_
Here Thomas Limero, ISIMS Treasurer Type or print name and title Paid Preparer Use Only Firm's name Firm's address ► Preparer Thomas Limero, ISIMS Treasurer Preparer Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ► Phone no	Under pe true, corr	enalties of perjury, I ect, and complete	declare that I have examined this Declaration of preparer (other than	return, including accompan	ying schedules and state ormation of which prepar	ements, and to the er has any knowle	e best of my know edge	wledge and	belief,	ıt ıs
Type or print name and title Paid Preparer Use Only Firm's name ► Firm's address ► Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ► Phone no	Sign	Signat	ure of officer	reso		Dat	1/10	/14	1	
Paid Preparer Use Only Firm's name ► Firm's address ► Phone no	Here									
Use Only Firm's name Firm's EIN ► Firm's address ► Phone no		,	preparer's name	Preparer's signature		Date				
Firm's address ► Phone no			ne 🕨			Firr	n's EtN ▶			
May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No		Firm's add		r shown above? See	nstructions	Pho				No

Form **990-EZ** (2013)

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.

2013

OMB No 1545-0047

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 id	lentificatio	n number	
			ILITY SPECTROMETRY							71372	
Par			rity Status (All orga						nstructio	ons.	
The o	A church, con	vention of churcl	ition because it is (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches ch Sched	s describe ule E)	ed in sec	tion 170	(b)(1)(A)(i).		
4	A medical resent hospital's name	earch organizatione, city, and state	on operated in conjunct	ction with	a hospit	al descrit	oed in se	ction 170			
5		on operated for ()(1)(A)(IV). (Com	the benefit of a collect plete Part II)	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit descrit	oed in
6 7	✓ An organizatio	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nit or fron	n the general	public
8	-		n section 170(b)(1)(A)								
9	receipts from support from acquired by th	activities related gross investme e organization a	receives. (1) more that to its exempt funct in income and unrelater June 30, 1975. Se	ions-sul lated bus ee sectio	bject to d siness tax n 509(a) (2	certain ex kable inc 2). (Comp	ceptions come (les olete Par	s, and (2) ss section t III.)	no more n 511 ta	e than 331/₃%	of its
10 11	An organization	on organized ar ne or more pub	operated exclusively id operated exclusive blicly supported organ describes the type of second control of the control of th	ely for th	ne benefit described	t of, to p	perform ion 509(a d comple	the funct a)(1) or se te lines 1	ions of, ection 50 1e throug	9(a)(2) See s e gh 11h	ection
е	other than fou or section 509	ndation manage (a)(2)	that the organization ers and other than one	is not co e or more	ntrolled d publicly	lirectly or supporte	r indirectl ed organ	y by one izations c	or more described	I in section 50	ersons 9(a)(1)
f	organization, o	check this box	a written determination							oe III supportii	ng
g	Since August following persi		he organization accep	pted any	gift or co	ontributio	n from a	ny of the)		
			ndirectly controls, eitlody of the supported of			her with	persons	described	d in (ii) ai	11g(i) Yes	No
			on described in (i) abo				•		•	11g(ii)	<u> </u>
h			a person described in on about the support							[11g(m)]	
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	s the ion in col zed in the S?	(vii) Amount of me support	onetary
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
							i				

Total

instructions

				4500344		(1) (4) (4) (1) (·	·
Part							
	(Complete only if you checked the						ality under
	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, pi	ease comple	ete Part III.)	
	on A. Public Support	(*) 0000	(b) 0010	(-) 2011	(4) 2012	(-) 2012	(A Total
	dar 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")	22.242	450.000	147.000	125.044	424.245	500 705
•		22,849	150,962	147,635	135,044	134,216	590,706
2	Tax revenues levied for the organization's benefit and either paid	İ					
	to or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3 .	22,849	150,962	147,635	135,044	134,216	590,706
	•	22,040	100,002	177,000	100,011	101,210	3007.00
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)				*		18500
6	Public support. Subtract line 5 from line 4	. '94					
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				· · · · · · · · · · · · · · · · · · ·		
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					ļ	
	sources						
9	Net income from unrelated business						
	activities, whether or not the business	1					
	is regularly carried on		<u>-</u>				
10	Other income Do not include gain or			i			
	loss from the sale of capital assets (Explain in Part IV)			[
	, ,	ļ	. *				
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ane)			12	
13	First five years. If the Form 990 is for the			d third fourth	or fifth tax w	·-	n 501(c)(3)
13	organization, check this box and stop he				, or mair tax y	cai as a scono	∪∪.(∪,(∪,
Secti	on C. Computation of Public Support		e				<u> </u>
14	Public support percentage for 2013 (line			1, column (f))		14	100 %
15	Public support percentage from 2012 Sci			, , , , , , , , , , , , , , , , , , , ,	•	15	100 %
16a	331/3% support test-2013. If the organi			on line 13, and	d line 14 is 33!	/3% or more, cl	
	box and stop here. The organization qua						▶ [
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33½%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization		▶ □
17a	10%-facts-and-circumstances test - 2	013. If the orga	inization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "	facts-and-circu	ımstances" tes	st The organiza	ation qualifies	as a publicly si	upported
	organization				•		▶ □
b	10%-facts-and-circumstances test - 2	012. If the orga	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiza	tion meets the	facts-and-ci	rcumstances"	test, check th	ns box and st	op here
	Explain in Part IV how the organization in	neets the "facts	s-and-circums	tances" test T	he organizatio	n qualifies as a	a publicly
	supported organization					•	. ▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see

Part Support Schedule	for	Organizatio	ns Desc	ribed 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.)

	tile organization in quality						
	on A. Public Support					,	·
Calen	dar 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")						_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						}
5	The value of services or facilities						
_	furnished by a governmental unit to the]
	organization without charge						1
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	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	.% ;		, , , , , , , , , , , , , , , , , , ,	·····-	:	
Ü	line 6)						
Sactu	on B. Total Support		<u></u>		L	<u> </u>	L
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2005	(8) 2010	(0) 2011_	(0) 2012	(0) 2010	(i) rotar
10a	Gross income from interest, dividends,		 				-
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		<u> </u>				
J	section 511 taxes) from businesses						
	acquired after June 30, 1975 .		-				
С	Add lines 10a and 10b			 			
11	Net income from unrelated business		<u> </u>				
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
14	loss from the sale of capital assets						•
	(Explain in Part IV)		1			ļ	1
13	Total support. (Add lines 9, 10c, 11,						
,,,	and 12)						
14	First five years. If the Form 990 is for the	ne organizatioi	n's first, secon	d. third. fourth	or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_		_,,	,,		▶ □
Secti	on C. Computation of Public Suppor		ie.				
15	Public support percentage for 2013 (line			3. column (fl)		15	%
16	Public support percentage from 2012 Scl		=		_	16	%
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·	.		
17	Investment income percentage for 2013 (y line 13. colui	mn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2012. If the organiz						_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	•	•	•			_

Schedule A (F	orm 990 or 990-EZ) 20	
Part IV	Supplemental Part III, line 12	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions).
	•••••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

INTERNATIONAL SOCIETY FOR ION MOBILITY SPECTROMETRY 30-0571272 Expenses Operational Cost (Banks and website charges)=\$2418 24 Credit Card Processing= \$4004 46 2012 Conference costs paid in 2013=\$3000 60 Deposits for 2014 conference=\$4,794 74 ISIMS Journal (participant subscriptions)=\$33,686 58 (bank double charged, but redeposited half the amount and is accounted for in income) Conference Costs 2013= \$67,567 37

Name of the organization Employer identification number Empl	Schedule O (Form 990 or 990-EZ) (2013)	Page 2
	Name of the organization	
		· · · · · · · · · · · · · · · · · · ·

ISIMS Board of Directors

					,		
Name	Position	Address	City	State/Region	Country	Zıp Code	Company Affiliation
Pierre Pilon	Past President	79 Bentley Avenue	Ottawa	Ontario	Canada	K2E 6T7	K2E 6T7 Canada Border Services Agency
Hılary Bollan	President	Elm 1c #4134	Bristol	Gloucestershire	NΚ	BS34 8JH	BS34 8JH DSTL-Sea Systems Group
Robert Ewing	President Elect	902 Battelle Blvd	Richland	Washington	SՈ	25866	99352 Pacific Northwest Labs
Vincent McHugh	Secretary	5183 Blackhawk Rd , Bld E3330/154	APG	Maryland	S N	21010-2424	21010-5424 U S Army ECBC RDCB-RDR-D
Tom Limero	Treasurer	1290 Hercules Dr., suite 120	Houston	Texas	S N	85022	77058 Wyle Laboratories
William Wallace	Treasurer-Trainee	1290 Hercules Dr., surte 120	Houston	Texas	ns	85077	77058 Wyle Laboratories
Wolfgang Vautz	Nominating Committee Chair	Friedrich-ebert-straÃYe 8	Unna	NRW	Germany	S9425 ISAS	ISAS
Suzanne Bell	Technical Program Chair	33 Eastwood Lane	Morgantown	West Virginia	SU	80597	26508 West Virginia University
Jorg Ingo Baumbach	Journal Editor	Campus E7 1	Saarbruecken	Saarland	Germany	66123	66123 Kıst Europe Gmbh
Osmo Anttalainen	Web Master	Graamintie 5	Mikkeli	SAVO	Finland	50100	50100 Environics OY
Stefan Zımmernıan	Member-at-Large	Appeistr 9A/Inst of EE and Measurement Technology	Hannover		Germany	29108	30167 Leibniz University Hannover
Hartwig Schmidt	Member-at-Large	205 Lowell Street	Wilmington	Massachusetts	n s	1887	1887 Morpho Detection
Paul Rauch	Member-at-Large	11026 Steele Creek Rd	Charlotte	North Carolina	n S	28273	28273 Chemring Detection Systems
Gary Erceman	Ex Officio Member	1175 N Horseshoe Dr	Las Cruces	New Mexico	U.S	88003	88003 New Mexico State University
Steve Harden	Ex Officio Member	P O Box 68	Gunpowder	Maryland	S N	21010	21010 SAIC-ECB
Paul Thomas	Ex Officio Member	Dept of Chemistry, Loughborough University	Loughborough	Leicestershire	UK	LE11 3TU	LE11 3TU Loughborough University
David Atkınson	Ex Officio Member	902 Battelle Blvd	Richland	Washington	n s	99352	99352 Pacific Northwest Labs

INTERNATIONAL SOCIETY FOR ION MOBILITY SPECTROMETRY, INC.

EIN: 85-0452980

Narrative Description of Organization's Programs and Activities

Part 1: Our Purpose/Mission Statement

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

Part II. Program Activities

Brief History of the Society and Mission

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

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