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DLN: 93493036002255

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

A Fo	r the	2013	cale	ndar year, or tax year beginning	04-01-2013 , 2013, and ending 03	-31-2014			
<b>B</b> Ch	eck if	applica	ble	C Name of organization JCPDS-INTERNATIONAL CENTRE FOR	₹		D Emplo	yer ide	entification number
☐ Add	ress c	change		DIFFRACTION DATA Doing Business As			23-17	2254	1
∏ Na	me ch	ange		boiling business As					
Init	ial ret	um	ŀ		all is not delivered to street address) Room,	'suite	E Telepho	ne nun	nber
Tei	mınat	ed		12 CAMPUS BOULEVARD Suite			(610)	325-	9814
M Am	ended	l returr	י	City or town, state or province, coun NEWTOWN SQUARE, PA 190733273	try, and ZIP or foreign postal code		(010)	<u> </u>	J 0 1 1
П Арі	olicatio	n pen	ding	NEWTOWN SQUARE, PA 150755275			<b>G</b> Gross re	eceipts	\$ 10,852,586
				F Name and address of prin	cıpal officer		Is this a group	retur	n for
				TIMOTHY G FAWCETT 12 CAMPUS BOULEVARD			subordinates?		┌ Yes ┌ No
				NEWTOWN SQUARE, PA 19	9073	Н(b)	Are all subordi	nates	┌ Yes ┌ No
		mnt et	n truc	— — — — — — — — — — — — — — — — — — —			included?	- 1	( <u></u> )
		mpt sta			nsert no ) 4947(a)(1) or 527	$\dashv$	ir No, attacn	a list	(see instructions)
J W	ebsit	e. <b>⊢</b>	WW۱	WICDDCOM		H(c)	Group exempt	ion nu	ımber ►
<b>K</b> For	n of o	rganıza	ation	Corporation Trust Association	n	<b>L</b> Yea	r of formation 19	69 <b>N</b>	1 State of legal domicile PA
Pa	rt I	S	umı	mary					
	1			scribe the organization's missio					
		Comi			ENTER FOR QUALITY DIFFRACTION	) N and rela	ited data to me	et the	e needs of the technical
ጽ		<u>com</u>	Hulli						
Ě									
Ē									
Governance	2	Chec	k th	s box 🛏 if the organization dis	scontinued its operations or dispose	d of more tl	nan 25% of its	net a	ssets
	_							ı _	1 -
<b>~</b> ∽ ⇔	1				ng body (Part VI, line 1a)			3 4	9
Ě					of the governing body (Part VI, line 1 calendar year 2013 (Part V, line 2a)			5	56
Activities &					ecessary)			6	319
				•	art VIII, column (C), line 12			7a	39,472
					rom Form 990-T, line 34			7b	33,172
	_				,		Prior Year	Ť	Current Year
	8	Со	ntrib	outions and grants (Part VIII, lir	ne 1h)			000	6,550
횰	9				ne 2g)		6,728,1	-	6,385,440
Rayenue	10						274,5		946,380
ä	11							318	317,740
	12	Total revenue—add lines 8 through 11 (must equal Part VIII				ıne	7 257 5		7.656.110
	42				TV		7,357,5	-	7,656,110
	13				IX, column (A), lines 1-3)	<b>—</b>	347,6	0	335,369
	14			·	e benefits (Part IX, column (A), line:			-	0
\$	15		10)	s, other compensation, employe		5,438,8	359	5,110,654	
Expenses	16a	Pr	ofess	sional fundraising fees (Part IX,			0	0	
ੜੇ	ь	Tot	tal fun	draising expenses (Part IX, column (D)	, line 25) <b>►</b> 0				
ш	17	Ot	here	expenses (Part IX, column (A), l	ınes 11a–11d, 11f–24e)		2,702,7	775	2,488,630
	18	То	tal e	xpenses Add lines 13–17 (mus	st equal Part IX, column (A), line 25	)	8,489,3	309	7,934,653
	19	Re	venu	ie less expenses Subtract line :	18 from line 12		-1,131,7	_	-278,543
Not Assets or Fund Balances						Begi	inning of Curre	nt	End of Year
Set Sen	20	Ta	- اجا	ecate (Part Y line 16)			<b>Year</b> 21,739,0	)21	22 042 557
A.S.	21					·	12,612,2	-	23,042,557
菱魚	22			sets or fund balances Subtract			9,126,7		11,034,026
	t III	_		ature Block		-	3/120/	,	11/00 1/020
my k	nowle arer h	dge a	and b	elief, it is true, correct, and com owledge	imined this return, including accomp iplete Declaration of preparer (other				
Her			DONN	A M BARRY BUSINESS MANAGER					
				or print name and title					
				int/Type preparer's name ederick E Davis Jr	Preparer's signature	Date	Check I If	PTIN	16023
Paid	t		<u> </u>	m's name Mitchell & Titus LLP			self-employed Firm's EIN ►	P0044	·0023
Pre	par	er	Ľ	mis name F michell & mus llp			i mil 3 LIN F		
Use	•		Fi	rm's address 🟲 1818 Market Street Suit	re 2900		Phone no (610)	325-9	9814

Philadelphia, PA 191033652

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

✓ Yes 厂No

-0111	1990 (2013)				Page ∡
Par		ent of Program Service A Schedule O contains a response		III	
1	Briefly describe	the organization's mission			
DIFF DF N	FRACTION AND I	RELATED DATA TO MEET THE RACTERIZATION METHODS IN	NEEDS OF THE TECHNICAL	UE TO BE THE WORLD CENTER COMMUNITY ICDD PROMOTE: GY BY PROVIDING FORUMS FO	STHE APPLICATION
2		ation undertake any significant pr		ır which were not listed on	
	•	90 or 990-EZ? be these new services on Schedu			┌ Yes ┌ No
3	services? .	ation cease conducting, or make s • • • • • • • • • • • • • • • • • • •	significant changes in how it c	onducts, any program	┌ Yes ┌ No
4	Describe the ore	ganızatıon's program service acc	nizations are required to repo	nree largest program services, as rt the amount of grants and alloca	
4a	(Code	) (Expenses \$	1,513,555 including grants of \$	335,369 ) (Revenue \$	6,663,708 )
-14	THE ORGANIZATION RESEARCH AND R	ON PROVIDED GRANT-IN-AID FOR RESEA	RCH ON X-RAY AND ELECTRON DIFF GANIZATION INCURRED SELLING EXF	RACTION, AS WELL AS SCHOLARSHIPS FO PENSES, DATA PROCESSING EXPENSE, AN	OR CRYSTALLOGRAPHIC
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Schedule	0)		
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program	service expenses ► 4,	513,555		

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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	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	9		No
L <b>O</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	
.2a	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
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	
.5	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
<b>.6</b>	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	Yes	
. <b>7</b>	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		No
8.	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		No
9	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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   22		163	110
	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?	<b>1</b> c	Yes	
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?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
ь	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		Νo
b	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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		Νo
b	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	<i></i>		IVO
u	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	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 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		140

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.

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	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		No
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
_	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	100	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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? If "Yes," provide the names and addresses in Schedule O	9	io Cod	No
36	ection b. Policies (This Section B requests information about policies not required by the Thermal R	event		
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☑ 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 ►DONNA M BARRY 12 CAMPUS BOULEVARD NEWTOWN SQUARE,PA 19073 (610) 325-9814

# 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	more pers	than on is	one bot	not box h ar	check , unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Scott Misture	7 0	×								
Chairman	0 0	^								
(2) Davor Balzar	7 0	.,								
Vice Chairman	0 0	X								
(3) David Taylor	7 0									
Treasurer		Х		Х						
(4) Matteo Leoni	7 0									
• •		х								
Chairman, Technical Committee	0.0					-				
(5) J Miguel Delgado	7 0	x								
Directors-at-Large	0 0									
(6) Winnie Wong-Ng	7 0	x								
Directors-at-Large	0 0	^								
(7) John Anzelmo	7 0									_
Directors-at-Large	0 0	Х								
(8) Vanessa Peterson	7 0									
Directors at Large		Х								
Directors-at-Large (9) Jordi Rius	7 0									
		х								
Directors-at-Large	0 0									
(10) TIMOTHY FAWCETT	40 0			x				248,242	0	45,410
EXECUTIVE DIRECTOR	0 0							,		,
(11) THERESA MAGUIRE	40 0			×				129,534	0	31,092
CORPORATE SECRETARY	0 0			^				129,334	O	31,092
(12) CYRUS CROWDER	40 0								_	
PRINCIPAL SCIENTIST	0 0					X		152,637	0	34,457
(13) DONNA BARRY	40 0									
DUCTNIECC MANAGED						Х		124,994	0	30,303
BUSINESS MANAGER (14) Suri Kabekkodu	0 0 40 0			<u> </u>						
	400					x		105,304	0	27,108
Editor-in-Chief	0.0			<u> </u>	_					
(15) Joseph Sunzeri	40 0					l x		112,083	0	28,291
Info Technology Manager	0 0							,,,,,		
(16) Tom Blanton	40 0					×		138,235	0	12,043
Production Manager	0 0					^		130,235		12,043
	]									
										Form <b>990</b> (2013)

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 t	ition ( han d on is	ne l both	oox, an c			( <b>D</b> ) Reportab compensat from the organization	tion e n (W-	(E) Reportable compensation from related organizations (W-	.   '	(F) Estimated amount of ot compensati from the organization	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MI	.50)	2/1099-MISC)		relat relat organiza	ed
_											+		
-													
							Ļ						
1b Sub-Total		· ·	٠	•			<b>*</b>						
d Total (add lines 1b and 1c) .			· · .	٠.			<b> -</b> -	1,0	11,029		0		208,704
2 Total number of individuals (in \$100,000 of reportable compa						d abov	e) w	ho received m	ore th	an			
												Yes	No
3 Did the organization list any fe	<b>ormer</b> officer, dir	ector o	r trus	tee,	key	emplo	yee,	, or highest co	mpen	sated employee		res	140
on line 1a? If "Yes," complete S	Schedule J for suc	ch indiv	ıdual	٠	-		-			[	3		No
4 For any individual listed on lin organization and related organ individual											4	Yes	
5 Did any person listed on line 1 services rendered to the organ									zatıon • •	or individual for	5		No
Section B. Independent Co  Complete this table for your five compensation from the organization	ve highest comp											tax year	
	( <b>A</b> ) Name and business	address							Des	(B) cription of services		(C Compe	
											7		
											$\downarrow$		
											- 1		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99								Page <b>9</b>
Part V	ДШ		f Revenue ule O contains a respor	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
8 B	1a	Federated cam	paigns 1a					
ram	b	Membership du	es <b>1b</b>					
ē ē	С	Fundraising eve	ents <b>1c</b>					
iffs lary	d	Related organiz	ations 1d					
imil	е	Government grants	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	sımılar amounts no		6,550				
i j	g	Noncash contribute 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1a-1f	· · · 🗼	6,550			
				Business Code				
enu	2a	PRODUCT REVENU	E	900099	6,238,878	6,238,878		
æ	Ь	POWDER DIFF JNI	<u> </u>	900099	76,032	76,032		
₩ 0.0	C	CLINIC REVENUE		900099	70,530	70,530		
S.	d							
Ea	e f	All other progra	ım service revenue					
Program Service Revenue								
	g 3		ome (including dividen		6,385,440			
			ar amounts)		540,767			540,767
	4		tment of tax-exempt bond	proceeds	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(I) Kedi	(II) I CISOIIII				
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	, ,	me or (loss)		0			
	_	Cross amount	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,602,089					
	b	Less cost or other basis and	3,196,476					
	c	sales expenses Gaın or (loss)	405,613					
	d	Net gain or (los	s)		405,613			405,613
e	8a	Gross income f events (not inc						
Other Revenue			reported on line 1c) se 18 a					
i e	b		penses b					
δ	C		(loss) from fundraising	events 🛌	0			
	94	See Part IV, lin	rom gaming activities le 19 <b>a</b>					
			penses b					
		Net income or ( Gross sales of returns and allo		vities	0			
	ь		a pods sold b					
	С		(loss) from sales of inv		0			
	11-	Miscellaneous		Business Code 900099	230,225	230,225		
	11a	DENVER CONF INCOME	-ERENCE					
	b	JOURNAL ADV	ERTISING FEE	541800	39,472		39,472	
	c	OTHER REVEN		900099	48,043	48,043		
	d	All other revenu		▶				
	12	Total. Add lines			317,740			
	12	i otal revenue.	See Instructions .	· · · · •	7,656,110	6,663,708	39,472	946,380

# Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	----------------------------------------	-------------------------------------------------	----

	Check if Schedule O contains a response or note to any line in this	Part IX			· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	30,825	30,825		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	304,544	304,544		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,011,030	1,011,030		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,160,069	932,286	1,227,783	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	396,000	170,914	225,086	
9	Other employee benefits	884,677	381,827	502,850	
10	Payroll taxes	658,878	444,084	214,794	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	34,775		34,775	
C	Accounting	85,989		85,989	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	184,118		184,118	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	128,694		128,694	
12	Advertising and promotion	230,994	230,994	<del>' ।</del>	
13	Office expenses	240,707	73,464		
14	Information technology	99,611	74,708	24,903	
15	Royalties	589,052	589,052		
16	Occupancy	76,983	57,737	19,246	
17	Travel	28,681	21,511	7,170	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	297,555		297,555	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	138,199	138,199		
23	Insurance	76,599		76,599	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CRYSTALLOGRAPHY SCHOLARSHIP	41,000	41,000		
b	MAINTENANCE	235,673	11,380	224,293	
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,934,653	4,513,555	3,421,098	0
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		_	
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,956,422	2	4,871,959
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	609,775	4	681,347
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
se.	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	0
<u>क</u>			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
_	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	141,763	9	125,489
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  6,561,280			
	b	Less accumulated depreciation <b>10b</b> 3,639,796	3,026,438	10c	2,921,484
	11	Investments—publicly traded securities	13,004,623	11	14,442,278
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,739,021	16	23,042,557
	17	Accounts payable and accrued expenses	431,146	17	438,192
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	12,181,151	25	11,570,339
	26	Total liabilities. Add lines 17 through 25	12,612,297	26	12,008,531
on db		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	8,532,246	27	10,429,596
<u>ର</u>	28	Temporarily restricted net assets	-3,904	28	-502
<u> </u>	29	Permanently restricted net assets	598,382	29	604,932
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and		23	
<u>ō</u>	30	complete lines 30 through 34.		20	
ets S	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	9,126,724	32	11 024 026
Net	33	Total net assets or fund balances		33	11,034,026
	34	Total liabilities and net assets/fund balances	21,739,021	34	23,042,557

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· ▽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6	556,110
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	34,653
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	278,543
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		9,1	126,724
5	Net unrealized gains (losses) on investments	5		7	744,681
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		1,4	141,164
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,0	34,026
Par	t XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
				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 revi a separate basis, consolidated basis, or both	ewed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of the	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За		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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OMB No 1545-0047

ort OMB N

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

2013

Open to Public Inspection

Name of the organization
JCPDS-INTERNATIONAL CENTRE FOR
DIFFRACTION DATA

Employer identification number

23-1722541

The o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)				
1	$\Gamma$	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b>	ection 170(	b)(1)(A)(i).				
2	$\vdash$	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Sched	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ted in conjun	ction with a	hospital des	cribed in <b>se</b> c	ction 170(b)(	1)(A)(ii	i). Ent	er the	
5	$\sqcap$			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	tal unit c	lescrib	oed in	
		_	-	A)(iv). (Complete P	_				_				
6	$\Gamma$	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(	L)(A)(v).				
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )											
8	$\Gamma$			described in <b>section</b>			mplete Part II	. )					
9	V	An org	anization tha	at normally receives	(1) more th	an 331/3% o	of its support	from contrib	outions, mem	bership '	fees, a	nd gros	s
		receipt	s from activ	ities related to its ex	xempt functi	ons—subjec	t to certain e	xceptions, a	and (2) no mo	re than	3 3 1/3%	o of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ın	come (less	section 511	tax) fror	n busı	nesses	
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Pa	rt III )				
10	Γ	Anorg	anızatıon orç	ganized and operated	d exclusively	to test for	public safety	See <b>sectio</b>	n 509(a)(4).				
11	Γ			ganized and operated									
			•	ly supported organiz			. , .	•		ee <b>secti</b>	on 509	(a)(3).	Check
		the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Non-							n-funct	ctionally integrated			
e	$\vdash$			ox, I certify that the									
_	'		_	on managers and otl	_		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		-	-	
			1509(a)(2)	_		•		_					
f			rganızatıon thıs box	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III supp	porting	organı	zation,
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the				•
			ng persons?										<del></del>
				rectly or indirectly o				persons de	scribed in (ii)		44 (*)	Yes	No
		•		governing body of th		_	n /			<u> </u>	11g(i)		
		• •	•	er of a person descri			- 5			H	11g(ii		
L		• •		lled entity of a perso						Ŀ	11g(iii	<u>)                                    </u>	
h		Provide	e the following	ng information about	the supporte	ed organizat	ion(s)						
	) Nam		(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the		(vii) An	nount of
	uppor			organization	organizati		the organi		organizat			mone	•
or	ganiza	ation		(described on	col (i) lis		in col (i) o	•	col (i) org			sup	port
				lines 1-9 above or IRC section	your gove docume	_	suppor	(1	In the U	5 ′			
				(see	docume								
				instructions))	Yes	No	Yes	No	Yes	No			
					103	110	103	110	103	1.40			
											-+		
Total													

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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	13	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	100,950	0	1,050	1,000		6,550	109,550		
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	6,709,143	6,709,778	7,051,223	6,728,122	6,	385,440	33,583,706		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0		
6 7a	<b>Total.</b> Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified	6,810,093	6,709,778	7,052,273	6,729,122	6,	391,990	33,693,256		
_	persons A mounts 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							0		
8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c  from line 6)							33,693,256		
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 20	13	<b>(f)</b> Total		
9	in) ► A mounts from line 6	6,810,093	6,709,778	7,052,273	6,729,122	6,:	391,990	33,693,256		
L0a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties and income from similar sources	265,668	284,117	269,721	264,090		540,767	1,624,363		
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0		
C	Add lines 10a and 10b	265,668	284,117	269,721	264,090	540,767		540,767		1,624,363
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	45,649	67,674	57,854	38,172		39,472	248,821		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	338,454	268,649	334,163	315,646	:	278,268	1,535,180		
13	Total support. (Add lines 9, 10c, 11, and 12)	7,459,864	7,330,218	7,714,011	7,347,030	7,	250,497	37,101,620		
14	<b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>			third, fourth, or f	ifth tax year as a	501(c)(3	) organı	zation, ▶┌		
	ection C. Computation of Publ			40 1 100		<del>, , ,</del>				
15	Public support percentage for 2013			13, column (f))		15		90 813 %		
16	Public support percentage from 201		<u> </u>			16		91 769 %		
	ection D. Computation of Inve Investment income percentage for 2				n /f\\	1 1				
17 18	Investment income percentage for 2		* *		·· (1 <i>))</i>	17		4 378 %		
	33 1/3% support tests—2013. If the				lina 1 E is mars th	18	0/2 224	3 131 %		
тэa	more than 33 1/3%, check this box a						70, and l	ine 1 / is not <b>►</b> ✓		

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	Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493036002255

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

emal Revenue Service	and its instruct	tions is at <u>www.irs.gov/10riii990</u> .		Inspection
Name of the organ			Empl	oyer identification number
DIFFRACTION DATA				.722541
	nizations Maintaining Donor Adv Ization answered "Yes" to Form 990		unds (	or Accounts. Complete if th
		(a) Donor advised funds		(b) Funds and other accounts
Total number a	at end of year			
Aggregate con	ntributions to (during year)			
Aggregate gra	nts from (during year)			
Aggregate val	ue at end of year			
	ization inform all donors and donor adviso organization's property, subject to the or		or advi:	sed <b>Yes No</b>
used only for a conferring imp	ization inform all grantees, donors, and d charitable purposes and not for the benef permissible private benefit?	fit of the donor or donor advisor, or for ar	ny othe	r purpose <b>Yes No</b>
art III Conse	ervation Easements. Complete if	the organization answered "Yes" to	o Form	1 990, Part IV, line 7.
Preservati Protection Preservati Complete line	conservation easements held by the org ion of land for public use (e g , recreation i of natural habitat ion of open space s 2a through 2d if the organization held a the last day of the tax year	or education) Preservation of an Preservation of a c	ertified	d historic structure
		[		Held at the End of the Year
a Total number	of conservation easements		2a	
<b>T</b> otal acreage	restricted by conservation easements		2b	
Number of cor	nservation easements on a certified histo	oric structure included in (a)	2c	
	nservation easements included in (c) acc ture listed in the National Register	quired after 8/17/06, and not on a	2d	
Number of cor	nservation easements modified, transferr	red, released, extinguished, or terminate	d by th	e organization during
the tax year 🕨	<u> </u>			
Number of sta	ites where property subject to conservat	ion easement is located ►		
Does the orga	inization have a written policy regarding to fixe the conservation easements it holds?			violations, and Yes No
Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	uring the year
A mount of exr	——— penses incurred in monitoring, inspecting	a and enforcing conservation easements	s durinc	the year
► \$	zenses mearrea in momeoring, inspecting	g, and emorening conservation casements	o durring	, the year
Does each co	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	0(h)(4)(B)(ı)
balance sheet	describe how the organization reports coi , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financial		
	nizations Maintaining Collection lete if the organization answered "Y		or Oth	ner Similar Assets.
a If the organiza works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reverets held for public exhibition, education, o	or rese	arch in furtherance of public
works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de the following amounts relating to thes	ets held for public exhibition, education,		
(i) Revenues	included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii) Assets inc	cluded in Form 990, Part X			
If the organiza	ation received or held works of art, histor unts required to be reported under SFAS		or financ	· -
<b>a</b> Revenues incl	luded in Form 990 Part VIII line 1			<b>▶ ¢</b>

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art, H</u>	istori	<u>cal Tre</u>	asures, or O	<u>ther</u>	Similar As:	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check	any of the	e following that a	re a s	ignificant use	of its	
а	Public exhibition	d		Loan or	exchange progr	ams			
b	Scholarly research	e	· _	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and explain h	ow the	y further	the organization	's exe	mpt purpose II	n	
5	During the year, did the organization solicit of							_	_
Do.	assets to be sold to raise funds rather than t							Yes	No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an					л те	S to rollil 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ets no		_ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing	table					
							Am	ount	
C	Beginning balance					1c			
d	Additions during the year				<u> </u>	1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2:	1?				ſ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	planatı	on has be	een provided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete								
			( <b>b)</b> Prior		(c)Two years back	<del></del>		(e)Four	years back
1a	Beginning of year balance	594,478		599,814	600,850		596,332		495,382
Ь	Contributions	6,550		1,000	1,050		0		125,950
С	Net investment earnings, gains, and losses	23,902		26,164	30,414		37,018		30,367
d	Grants or scholarships	20,500		32,500	32,500		32,500		25,000
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	604,430		594,478	599,814		600,850		626,699
2	Provide the estimated percentage of the cur	rent year end balance (	lıne 1g	, column	(a)) held as				
а	Board designated or quasi-endowment ►	0 083 %							
b	Permanent endowment ► 99 917 %								
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	) % uld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organizatio	n that	are held a	and administered	l for th	he		
	organization by						<u> </u>	Yes	+
	(i) unrelated organizations					•	3a( 3a(i	-	No No
ь	(ii) related organizations					• •	3b		1
4	Describe in Part XIII the intended uses of the	•			•	-	<u></u>	L	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		orgar	nization	answered 'Yes	' to F	orm 990, Pa	rt IV, l	ine
	Description of property			) Cost or of sis (investm			(c) Accumulated depreciation	(d) B	ook value
1a	Land				884	,477			884,477
	Buildings				3,620		1,688,03	7	1,932,104
	Leasehold improvements				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,		
	Equipment				838	,286	800,65	3	37,633
e (	Other				1,218	,376	1,151,10	6	67,270
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		olumn (	B), line 10				1	2,921,484
		·					Schedule D	(Form	

See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
1)Financial derivatives		Cost of ella of year market value
2 )Closely-held equity interests		
ther		
	_	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	`omplote if the organization	on answered 'Ves' to Form 990, Part IV, line 114
Investments—Program Related. C See Form 990, Part X, line 13.	ompiete ii tile organizati	on answered tes to rottil 990, Part IV, line II(
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Part X Other Liabilities. Complete if the org		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org	janization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
Other Liabilities. Complete if the org Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability dederal income taxes  CCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Gederal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Gederal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
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Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
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Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME	(b) Book value  0 10,367,346	
Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  ACCRUED PENSION & POSTRETIREME  OTHER LIABILITIES	(b) Book value  0 10,367,346	

Par		Revenue per Audited Financial Statements With Revenue p wered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>leturn</b> Complete if
1		er support per audited financial statements	1	8,400,791
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	tments		
b	Donated services and use of	facilities		
C	Recoveries of prior year grant	ts		
d	Other (Describe in Part XIII	)		
e	Add lines <b>2a</b> through <b>2d</b>		2e	744,681
3	Subtract line <b>2e</b> from line <b>1</b> .		3	7,656,110
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	) 4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	7,656,110
Part		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
1		nswered 'Yes' to Form 990, Part IV, line 12a.	1	7,934,653
	·	ut not on Form 990, Part IX, line 25	┢┸	7,934,053
2		facilities		
a L		<del></del>		
b	• •			
C				
d	•	)	, ,	
e	_		2e	7,024,652
3		O Doub IV Jun 25 historia de la de	3	7,934,653
4		90, Part IX, line 25, but not on line 1:		
a		luded on Form 990, Part VIII, line 7b 4a	-	
Ь		)	_	
с _			4c	
5		Ind <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	7,934,653
P rov Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2t [, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
Form	990, schedule D, Part V line 4	The fund was established to promote the collection and evaluation of pow Fund sponsors suitable research projects for the improvement, developm diffraction data		
Form	990, Schedule D, Part X, Line 2	In accordance with Accounting Standards Codification (ASC) 740, Acco Income Taxes, management evaluates the tax positions taken or expect preparation of the International Centre's tax returns to determine whethe likely-than-not of being sustained upon examination by the applicable ta believes any such positions would be immaterial to the financial stateme	ed to rits t x auth	be taken during the ax positions are more-

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

Schedule D (Form 990) 2013

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DLN: 93493036002255

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

CPE	e of the organization OS-INTERNATIONAL CENTRE FO	) R				fication number
	RACTION DATA				23-1722541	
Pa	rt I General Information "Yes" to Form 990, Par	n on Activitie t IV, lıne 14b.	es Outside th	ne United States. Co	emplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the or other assistance, the grantee to award the grants or assista	s' eligibility fo	r the grants or	assistance, and the s	election criteria used	d <b>▽ Yes                                   </b>
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorir	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(1)	East Asia and the Pacific		•	Grantmaking		102,50
( 2)	Europe (Including Iceland and Greenland)			Grantmakıng		22,24
(3)	Russia and the Newly Independent States			Grantmakıng		174,41
(4)	Sub-Saharan Africa			Grantmakıng		5,38
( 5)						
3a	Sub-total					304,54
	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)					304,54

Pa						<b>ited States.</b> Compl duplicated if additior			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) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
( :	2)								
(:	3)								
( 4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

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) 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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
( 2)							
( 3)							
(4)							
( 5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
(16)							
( 17)							
( 18)							
		1		1	ı	Sched	ule F (Form 990) 2013

### 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 **5** 

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation					
Description of organization's procedures for monitoring the use of grants	The ICDD extends financial support to qualified investigators, in the form of grants-in-ai d awarded on a competing proposal basis, for the preparation of reference X-ray powder dif fraction data. All applications for grants-in-aid are reviewed by a Grant-in-Aid (GIA) Com mittee. The goal of the GIA Committee is to maximize the number and quality of patterns th at are produced through the program and accepted for inclusion in the PDF Priority is giv en to reference patterns expected to be of most interest and value to current and future P DF users. GIA patterns should be well-characterized single phases. Indexing should be a ne cessary requirement in all but the rarest and best defended cases. Local economic condition is are factored in the reasonableness of the expected cost per pattern. Renewals are considered only if the stated scientific goals were achieved within the stated deadlines. Submissions are monitored, in both number and quality, by the Grant Coordinator and ICDD Editor.					

### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1722541

Name: JCPDS-INTERNATIONAL CENTRE FOR

DIFFRACTION DATA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U.S.										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
	East Asia and the Pacific	1	2,500	Wire Transfe		N/A	N/A			
0 0	East Asia and the Pacific	1	4,043	Wire Transfe		N/A	N/A			
Phases with 3d Atomic C	East Asia and the Pacific	1	6,900	Wire Transfe		N/A	N/A			
Powder Patterns of Bioactive Organic Phases	East Asia and the Pacific	1	5,700	Wire Transfe		N/A	N/A			
D	East Asia and the Pacific	1	6,525	Wire Transfe		N/A	N/A			
D CN T	East Asia and the Pacific	1	3,750	Wire Transfe		N/A	N/A			
0 6 4 .	East Asia and the Pacific	1	3,300	Wire Transfe		N/A	N/A			
T	East Asia and the Pacific	1	2,500	Wire Transfe		N/A	N/A			
	East Asia and the Pacific	1	8,750	Wire Transfe		N/A	N/A			
	East Asia and the Pacific	1	1,420	Wire Transfe		N/A	N/A			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The O.S.									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
Powder Patterns of Organic Phases with 3d Atomic C	East Asia and the Pacific	1	12,900	Wire Transfe		N/A	N/A		
Powder Patterns with Digitized Data & 3d Atomic Co	East Asia and the Pacific	1	12,900	Wire Transfe		N/A	N/A		
Organic Compounds, Complexes, and Inorganic Compou	East Asia and the Pacific	1	10,268	Wire Transfe		N/A	N/A		
Powder Patterns of Organic Phases with 3d Atomic C	East Asia and the Pacific	1	6,000	Wire Transfe		N/A	N/A		
Powder Patterns of Bioactive Organic Phases	East Asia and the Pacific	1	4,800	Wire Transfe		N/A	N/A		
High Quality XRD Patterns of Aluminum Alloy Phases	East Asia and the Pacific	1	500	Wire Transfe		N/A	N/A		
Powder Patterns with Digitized Data & 3d Atomic Co	East Asia and the Pacific	1	6,000	Wire Transfe		N/A	N/A		
X-ray Powder Diffraction Patterns of New Transitio	East Asia and the Pacific	1	3,750	Wire Transfe		N/A	N/A		
X-ray Powder Diffraction - New Organic Compounds VI	Europe (Including Iceland and Greenland)	1	1,250	Wire Transfe		N/A	N/A		
Powder Patterns of Flavin Derivatives	Europe (Including Iceland and Greenland)	1	625	Wire Transfe		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
Powder Diff Patterns of Metal-Organic Framework Mt	Europe (Including Iceland and Greenland)	1	1,575	Wire Transfe		N/A	N/A			
X-ray Pdr Patterns-Salts of Acids w/ Nitrogen Cont	Europe (Including Iceland and Greenland)	1	1,125	Wire Transfe		N/A	N/A			
XRPD Investigations of MeX2-2(R-NH2) and MeX2 (NH2-	Europe (Including Iceland and Greenland)	1	2,000	Wire Transfe		N/A	N/A			
Multicomponent Oxides Made by Sol-Gel Techniques	Europe (Including Iceland and Greenland)	1	3,450	Wire Transfe		N/A	N/A			
Powder Patterns of 10- Aryflavins	Europe (Including Iceland and Greenland)	1	1,220	Wire Transfe		N/A	N/A			
Chloroacetates, Naphtoates, and Perovskites	Europe (Including Iceland and Greenland)	1	1,370	Wire Transfe		N/A	N/A			
Powder Diffraction Patterns of Inorganic and Hybri	Europe (Including Iceland and Greenland)	1	1,575	Wire Transfe		N/A	N/A			
XRPD Investigations of MeX2-2(R-NH2) and MeX2 (NH2-	Europe (Including Iceland and Greenland)	1	4,500	Wire Transfe		N/A	N/A			
Multicomponent Oxides Made by Sol-Gel Technique	Europe (Including Iceland and Greenland)	1	3,000	Wire Transfe		N/A	N/A			
Powder Patterns of Pyridinium Compounds	Europe (Including Iceland and Greenland)	1	550	Wire Transfe		N/A	N/A			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)			
X-ray Diffraction Patterns of Metallocarboranes	Russia and the Newly Independent States	1	1,710	Wire Transfe		N/A	N/A			
X-ray Diffraction Patterns of Inorganic and Organi	Russia and the Newly Independent States	1	1,400	Wire Transfe		N/A	N/A			
Complex Inorganic Salts Based on Tetrahedrally-coo	Russia and the Newly Independent States	1	650	Wire Transfe		N/A	N/A			
X-ray Diffraction Patterns for Pharmaceuticals and	Russia and the Newly Independent States	1	1,438	Wire Transfe		N/A	N/A			
XRPD Patterns of New Intermetallic Compounds	Russia and the Newly Independent States	1	2,750	Wire Transfe		N/A	N/A			
Complex Rare Earth Compounds and Chalcogenides	Russia and the Newly Independent States	1	2,750	Wire Transfe		N/A	N/A			
Ferroelectric Complex Oxides with Magnetic Orderin	Russia and the Newly Independent States	1	2,275	Wire Transfe		N/A	N/A			
X-ray Diffraction Patterns of Triple Molybdates	Russia and the Newly Independent States	1	1,050	Wire Transfe		N/A	N/A			
Production of Reference Powder Patterns of Known a	Russia and the Newly Independent States	1	6,000	Wire Transfe		N/A	N/A			
X-ray Dıffraction Patterns of Organoelement Compou	Russia and the Newly Independent States	1	2,963	Wire Transfe		N/A	N/A			

orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S	
------------------------------------------------------------------------------------	--

I Office 330 Schedule 1 P	art III - Grants ar	iu Assistance	to Individuals O	utside The U.S			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
New Complex Chalcogenides	Russia and the Newly Independent States	1	2,160	Wire Transfe		N/A	N/A
D. C D L. C C	Russia and the Newly Independent States	1	8,060	Wire Transfe		N/A	N/A
	Russia and the Newly Independent States	1	2,160	Wire Transfe		N/A	N/A
	Russia and the Newly Independent States	1	12,600	Wire Transfe		N/A	N/A
C	Russia and the Newly Independent States	1	715	Wire Transfe		N/A	N/A
0 0 1	Russia and the Newly Independent States	1	1,520	Wire Transfe		N/A	N/A
l	Russia and the Newly Independent States	1	1,520	Wire Transfe		N/A	N/A
C	Russia and the Newly Independent States	1	6,080	Wire Transfe		N/A	N/A
0	Russia and the Newly Independent States	1	650	Wire Transfe		N/A	N/A
To be some a beatter of a construction of	Russia and the Newly Independent States	1	4,133	Wire Transfe		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The 0.5									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)		
	Russia and the Newly Independent States	1	1,875	Wire Transfe		N/A	N/A		
X-ray Diffraction Patterns of Inorganic Compounds	Russia and the Newly Independent States	1	2,060	Wire Transfe		N/A	N/A		
	Russia and the Newly Independent States	1	15,660	Wire Transfe		N/A	N/A		
X-ray Diffraction Patterns for Biologically Active	Russia and the Newly Independent States	1	1,813	Wire Transfe		N/A	N/A		
T t	Russia and the Newly Independent States	1	6,000	Wire Transfe		N/A	N/A		
Ternary Intermetallics of Cerium and Ytterbium	Russia and the Newly Independent States	1	1,120	Wire Transfe		N/A	N/A		
X-ray Diff Patterns of Complex Metal Oxides with U	Russia and the Newly Independent States	1	6,825	Wire Transfe		N/A	N/A		
Production of Reference Powder Patterns of Known a	Russia and the Newly Independent States	1	24,060	Wire Transfe		N/A	N/A		
D t	Russia and the Newly Independent States	1	500	Wire Transfe		N/A	N/A		
0 0	Russia and the Newly Independent States	1	7,219	Wire Transfe		N/A	N/A		

orm 990 Schedule F Part	III - Grants and Assistance	to Individuals Outside The U S

I Of the 330 Schicadic 1 F	ait III Giants ai	id Assistance	to illuividuals o	diside The 0.5			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
New Complex Chalcogenides	Russia and the Newly Independent States	1	5,850	Wire Transfe		N/A	N/A
D. (6 t D - t 6 C	Russia and the Newly Independent States	1	19,800	Wire Transfe		N/A	N/A
D 1 M 1 H	Russia and the Newly Independent States	1	1,600	Wire Transfe		N/A	N/A
	Russia and the Newly Independent States	1	6,075	Wire Transfe		N/A	N/A
Ni anno Dandella a de la caración de	Russia and the Newly Independent States	1	688	Wire Transfe		N/A	N/A
	Russia and the Newly Independent States	1	1,225	Wire Transfe		N/A	N/A
T	Russia and the Newly Independent States	1	375	Wire Transfe		N/A	N/A
	Russia and the Newly Independent States	1	4,960	Wire Transfe		N/A	N/A
To be one obsiling Commenced	Russia and the Newly Independent States	1	4,125	Wire Transfe		N/A	N/A
Generation of Powder X-ray Diff Patterns of New Ce	Sub-Saharan Afrıca	1	2,500	Wire Transfe		N/A	N/A

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
Generation of Powder X-ray Diff Patterns of New Ce	Sub-Saharan Africa	1	2,888	Wire Transfe		N/A	N/A

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DLN: 93493036002255

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

**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.

Open to Public **Inspection** 

Employer identification number

JODDO INTÉRNATIONAL CENTRE						1 ' '	
JCPDS-INTERNATIONAL CENTRE DIFFRACTION DATA	FUK					23-1722541	
Part I General Information	on on Grants and	Assistance				•	
<ul><li>Does the organization maintain the selection criteria used to a Describe in Part IV the organization</li></ul>	ward the grants or ass	sistance?			_	-	∀ Yes
Part II Grants and Other A Form 990, Part IV, III							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<b>-</b>
3	Enter total number of other organizations listed in the line 1 table	<b>•</b>

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	
(1) Reference X-ray Patterns of Technologically Import	2	13,250		N/A	N/A	
(2) Top 200 Pharmaceutical Drugs (Specia Project)	3	16,875		N/A	N/A	
(3) X-ray Powder Diffraction Patterns of Organic and I	1	1,400		N/A	N/A	
Part IV Supplemental Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.	
Return Reference Explanation						

Return Reference	Explanation
Procedures for Monitoring the Use of Grants	The ICDD extends financial support to qualified investigators, in the form OF grants-in-aid awarded on a competing proposal basis, for the preparation of reference X-ray powder diffraction data All applications for grants-in-aid are reviewed by a Grant-in-Aid (GIA) Committee. The goal of the GIA Committee is to maximize the number and quality of patterns that are produced through the program and accepted for inclusion in the PDF. Priority is given to reference patterns expected to be of most interest and value to current and future PDF users. GIA patterns should be well-characterized single phases. Indexing should be a necessary requirement in all but the rarest and best defended cases. Local economic conditions are factored in the reasonableness of the expected cost per pattern. Renewals are considered only if the stated scientific goals were achieved within the stated deadlines. Submissions are monitored, in both number and quality, by the Grant Coordinator and ICDD Editors. Mid-term and final reports are required and reviewed by the Editor-in-Chief.

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DLN: 93493036002255

OMB No 1545-0047

Inspection

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#### 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.

Name of the organization JCPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA

**Employer identification number** 23-1722541

Pa	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\Gamma$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	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 orga reimbursement or provision of all of the expenses desc			1b		
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut			2		
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	▼ Compensation committee	$\sqcap$	Written employment contract			
	Independent compensation consultant	굣	, ,			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	t VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
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, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Rin Part III					
_			abla and an arrangement of the contract of the	8		Νo
9	If "Yes" to line 8, did the organization also follow the resection $53.4958-6(c)$ ?	ebutt	able presumption procedure described in Regulations			

#### 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)(I)-(III) 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 of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)TIMOTHY FAWCETT EXECUTIVE DIRECTOR	(i) (ii)	248,242 0	0	0	31,634 0	13,776 0	293,652 0	0	
(2)THERESA MAGUIRE CORPORATE SECRETARY	(i) (ii)	129,534 0	0	0	18,375 0	12,717 0	160,626 0	0	
(3)CYRUS CROWDER PRINCIPAL SCIENTIST	(i) (ii)	152,637 0	0	0 0	21,420 0	13,037 0	187,094 0	0	
(4)DONNA BARRY BUSINESS MANAGER	(i) (ii)	124,994 0	0	0 0	17,648 0	12,655 0	155,297 0	0	
(5)Tom Blanton Production Manager	(i) (ii)	138,235 0	0	0 0	0	12,043 0	150,278 0	0 0	

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 (Form 990) 2013

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DLN: 93493036002255

OMB No 1545-0047

Open to Public Inspection

# 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 JCPDS-INTERNATIONAL CENTRE FOR DIFFRACTION DATA

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-1722541

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VILINE 6	
Form 990, Part VI Line 11b	Draft copies of the 990 and 990T are sent electronically to the board approved committee ( audit review committee) to review prior to filing. The committee is made of up of three me mbers of the board of directors. Chairman of the Board, Chairman of the Technical Committee and Treasurer.
FORM 990, PART VI, LINE 12C	Forms are distributed by the corporate secretary each year for signature to officers, dire ctors, and employees. They are reviewed for conflict and filed at ICDD Headquarters administrative files and in Employee's personnel file. All are required to comply with Policy number 109 of the ICDD employee manual.
form 990, PART VI, LINE 15a & 15b	To monitor compensation for all employees as well as the Executive Director, ICDD particip ates and receives several surveys throughout the year. The groups that sponsor these surve ys are collecting information from other organizations related to ICDD in terms of type (n on-profit), size and scientific organization. To ensure that the salaries are compared equivally, ICDD maintains job descriptions and salary scales for each position offered. This in formation is verified annually to ensure wie are keeping up with current trends and benchmaling risks.
Form 990, PART VILINE 19	All conflict of interest documents and financial reports are maintained at the ICDD Headqu arters. They are available for the members and the general public to review at anytime during ICDD business hours.
Form 990, Part XI, Line 5	Other changes in net assets or fund balance Pension - Related changes other than net periodic pension costs \$1,441,164