DLN: 93493217005879 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization AMERICAN INSTITUTE OF CHEMICAL ENGINEERS D Employer identification number B Check if applicable □ Address change 13-1623892 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 120 WALL STREET 23RD FLOOR ☐ Amended return ☐ Application pending (800) 242-4363 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005 G Gross receipts \$ 45,246,139 Name and address of principal officer **H(a)** Is this a group return for JUNE WISPELWEY □Yes ☑No subordinates? 120 WALL STREET 23RD FLOOR H(b) Are all subordinates NEW YORK, NY 10005 ☐ Yes ☐No included? Tax-exempt status □ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW AICHE ORG L Year of formation 1908 M State of legal domicile NY **K** Form of organization \square Corporation \square Trust \square Association \square Other \triangleright Summary 1 Briefly describe the organization's mission or most significant activities TO ADVANCE CHEMICAL ENGINEERING IN THEORY AND PRACTICE, TO MEET THE NEEDS OF CHEMICAL ENGINEERS FOR INFORMATION, KNOWLEDGE, AND PROFESSIONAL COMMUNICATION AND TO SERVE SOCIETY, PARTICULARLY WHERE CHEMICAL ENGINEERING CAN Activities & Governance CONTRIBUTE TO THE PUBLIC INTEREST Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 17 Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 124 1,000 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 695,625 Net unrelated business taxable income from Form 990-T, line 34 137,477 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,048,944 14,368,623 Program service revenue (Part VIII, line 2g) . 23,481,828 25,369,273 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,851,879 2,163,600 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,979,802 2,181,244 44,082,740 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 34,362,453 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 353,701 355,975 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,148,394 15,515,534 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 72,000 73,078 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶4,006,051 18,598,502 24,054,144 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 33,172,597 39,998,731 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,084,009 19 Revenue less expenses Subtract line 18 from line 12 . 1,189,856 Assets or d Balances End of Year **Beginning of Current Year** 43,213,420 20 Total assets (Part X, line 16) . 39,831,165 **21** Total liabilities (Part X, line 26) 15,378,294 12,596,564 Net assets or fund balances Subtract line 21 from line 20 27,234,601 27,835,126 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-07-25 Signature of officer Date Sign Here JUNE WISPELWEY EXE DIRECTOR & CEO Type or print name and title Preparer's signature Date 2019-07-25 PTIN P00535099 Print/Type preparer's name Check \square if Paid self-employed Firm's name MARKS PANETH LLP Firm's EIN > 11-3518842 Preparer Use Only Firm's address ▶ 685 THIRD AVENUE Phone no (212) 503-8800 NEW YORK, NY 10017 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page
Pa	nt III Statemen	t of Program Servi	ce Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III .		
1	Briefly describe the	organization's mission				
KNO		SSIONAL COMMUNICA			F CHEMICAL ENGINEERS FO RLY WHERE CHEMICAL ENG	OR INFORMATION, GINEERING CAN CONTRIBUTE
2	Did the organization		ant program serv	vices during the year whic	h were not listed on	☐ Yes ☑ No
	If "Yes." describe th	ese new services on Se	hedule O			
3	•			changes in how it conduct	s, any program	
	services?	<u>.</u> .				. □Yes ☑No
	If "Yes," describe th	ese changes on Sched	ule O			
4	Section $501(c)(3)$ a		ions are required	to report the amount of g	gest program services, as r grants and allocations to oth	
4a	(Code) (Expenses \$	16,657,257	including grants of \$	22,269) (Revenue \$	9,504,482)
	See Additional Data					
4b	(Code) (Expenses \$	3,149,846	including grants of \$	71,113) (Revenue \$	3,154,779)
	See Additional Data					
4c	(Code) (Expenses \$	4,418,382	ıncludıng grants of \$	15,656) (Revenue \$	6,882,938)
	See Additional Data					
	See Addıtıonal Data	ı Table				
4d		rices (Describe in Sche	•			
	(Expenses \$	7,297,198 in	cluding grants of	\$ 246,937	') (Revenue \$	5,131,449)
4e	Total program sei	rvice expenses 🟲	31,522,6	83		

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
	5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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)? 3	2	Yes	
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
	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII "	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 #E 000 of grants or other assistance to or for demostic individuals on Bort IV	ıl		

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2^o If "Yes," complete Schedule I, Parts I and III

22

	tiV Checklist of Required Schedules (continued)			rage -				
Га	Checklist of Required Schedules (continued)		Yes	No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	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							
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 "Yes," complete Schedule L, Part II							
27								
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)			1				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes					
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		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part 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	Section 501(c)(3) organizations. 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 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	. ;		<u> </u>				
1 ~	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 247		Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 247 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ı				
_	U TOTAL CONTROL OF THE CONTROL OF TH							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Nο 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . Nο If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

10a

10b

11a

11b

12b

13b

13c

9a

9h

12a

13a

14a

14b

15

No

Nο

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9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page 6
Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to i	ines ✓
Se	ction A. Governing Body and Management		. 1	
1a	Enter the number of voting members of the governing body at the end of the tax year 17		Yes	No_
	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 1b 17			
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	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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 Code	e.)	No
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	<u> </u>		
17	List the States with which a copy of this Form 990 is required to be filed NY , AK , AL , CA , CO , CT , DC , FL , GA , , ME , MD , MA , MI , MN , MS , MO , NV , I , ND , OH , OK , OR , PA , RI , SC , TN , UT , AR	1H , N.	I, NM,	NC,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
19	Own website Another's website Upon request Other (explain in Schedule O) 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, address, and telephone number of the person who possesses the organization's books and records LUCIA MATTHEW 120 WALL STREET NEW YORK, NY 100054020 (646) 495-1355			

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related	than one box, unless person compensation compensa ist is both an officer and a from the from relative director/trustee) constant (War 2/10)		(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a stee)	rson a	(D) Reportable compensation from the organization (W 2/1099-MISC)	ortable Reportable compensation from related ation (W- organizations (W-			ated of other sation the
		organizations below dotted line)		Institutional Trustwe	Officer	key employee	Highest compensated employee	Former	2/1055-MISC,	2/1035-11130	-)	organizati relat organiza	ed
See	Additional Data Table		<u> </u>	4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>			\dashv		
	Additional Saca Table	 	-	-	 	_	+-	+			\dashv		
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											\perp		
	Sub-Total	art VII , Section .	Α.				> _		+		+		
_ d T	Total (add lines 1b and 1c)	<u> </u>					>	_	2,934,572			572,417	
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed al	bove	e) who) rec	eived more than \$	\$100,000			
												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er	mpl	oyee,	or h	ghest compensate	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations individual										4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ndividual for			
Se	ection B. Independent Contract	•					1011 p				5		No
1	Complete this table for your five higher from the organization Report compen	est compensate									mper	nsation	
	·	(A) and business addre		уси.	Enu	llig	With C	LAAIC		(B) escription of services		(C Comper	
GAN 7	Name a TEK MULTIMEDIA	.nd Dusiness addi-c	155							ON CONSULTANT		Compe	194,357
COLO	SLASH PINE DRIVE DRADO SPRINGS, CO 80908 T BERGER								FDUCATI [,]	ON CONSULTANT			167,625
44 HE	FRITAGE HILLS DRIVE HINGTON CROSSING, PA 18977									JN CONSOLI,			107,022
THOM	MAS J WALSH LD ANCHARD ROAD								RAPID CO	DNSULTANT			127,500
MORR	LD ANCHARD ROAD RISTOWN, NJ 07960 DRINK AGENCY				—				CONSULT	ANT			117,343
PORT	EID AVENUE WASHINGTON, NY 11050												
	CLLE BELCOURE BOX 277								CONSULT	ANT			114,000
BERKI	(LEY HEIGHTS, NJ 07922 Total number of independent contractor:	rs (including but	t not lim	orted (to th		listed	=ho	we) who received	more than \$100 C	nn of	f	

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

compensation from the organization ▶ 5

Part		Statement of	Revenue								Page 9
		Check if Schedul	e O contains	a respo	onse or note to any	line in this (A) Total rev		(B) Relate exem function	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a	Federated campaig	ns	1a	L			reven	ue		312 314
ants	ı	b Membership dues		1 b							
900	١,	c Fundraising events		1c	478,175						
ifts,	(d Related organizatio	ns	1d							
<u>1</u>	•	e Government grants (co	ontributions)	1e	10,030,621						
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contributions, and similar amounts n above 	, gıfts, grants, ot ıncluded	1f	3,859,827						
ntribu d Oth		g Noncash contribution in lines 1a - 1f \$	ons included	30	9,468						
Cont	ا	h Total. Add lines 1a	-1f	•	•	14,	368,623				
ı					Business	Code	0.50	04,482	9,504,48		
H-DE		IND TECH GROUPS				541900		32,938	6,882,93		
æ		MEETINGS & TECH PRO)G			541900	•	54,779	3,154,779		
ر د		MEMBERSHIP DUES				541900		72,090	2,772,090		
Ser		EDUCATIONAL SERVICE	S			611430		73,848	1,178,22		525
anı	e	PUBLICATION SALES				541900					525
Program Service Revenue	f	All other program se	rvice revenue		25 3	 869,273	1,18	31,136	1,181,130	<u> </u>	
	g	Total. Add lines 2a-2	f	•	>	-		ı			
		Investment income (ii similar amounts) .	ncluding divid		nterest, and other	ļ	1,126,822				1,126,822
		Income from investme			ond proceeds >						
	5	Royalties					2,208,690				2,208,690
	6a	Gross rents	(ı) Rea	l	(II) Personal	_					
	b	Less rental expenses									
		Rental income or (loss)]					
	d	Net rental income o	r (loss) .		· · · ▶ (II) Other						
	7a	Gross amount from sales of assets other than inventory	2,0	78,906							
	b	 Less cost or other basis and 	1,0	142,128							
	,	sales expenses	,	36,778		-					
		Gain or (loss) Net gain or (loss)	·	•	-	1	1,036,778				1,036,778
a)		Gross income from fi (not including \$	undraising ev				<u> </u>				
Revenue		contributions reporte See Part IV, line 18		a	93,825						
ev.	Ь	Less direct expense		b	121,271	-					
er F		: Net income or (loss)			ents 🕨	J	-27,446				-27,446
Other	9a	Gross income from g See Part IV, line 19									
	h	N occ. direct evacas	•	a		-					
		Less direct expense : Net income or (loss)		b activit	les	_					
		Gross sales of invent returns and allowand	ory, less		les •						
	ь	Less cost of goods s	sold	a b		-					
	С	Net income or (loss)		invent							
	11	Miscellaneous .a	Revenue		Business Code	-					
	b	,		_							
	c	;									
	d	All other revenue .									
		Total. Add lines 11a			>						
	12	Total revenue. See	Instructions				14 000 715		24 672 646		404461
					<u> </u>	<u> </u>	14,082,740	<u> </u>	24,673,648	695,625	4,344,844

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	355,975	355,975		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				_
5 Compensation of current officers, directors, trustees, and key employees	2,119,788	1,013,748	1,106,040	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,150,134	8,246,151	1,288,761	615,222
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,154,022	1,009,233	92,037	52,752
9 Other employee benefits	1,293,846	1,135,751	85,690	72,405
10 Payroll taxes	797,744	662,127	103,707	31,910
11 Fees for services (non-employees)				
a Management				
b Legal	71,494	9,662	61,832	

73,078

72,410

3,985,882

245,597

554,992

52,240

234,951

1,231,007

3,537,485

608,756

5,615,677

324,631

1,057,517

31,522,683

6,470

1,634,831

4,429,432

318,428

554,992

52,240

769,028

1,379,865

3,725,508

777,920

136,435

5,615,677

3,033,412

1,164,927

39,998,731

46,212

1,906,164

73,078

278,932

72,831

99,289

8,197

22,969

178,334

37,364

2,390,894

36,291

35,583

4,006,051

Form 990 (2018)

72,410

164,618

172,044

525,880

125,889

9,689

131,800

136,435

317,887

71,119

4,159

4,469,997

c Accounting .

d Lobbying

f Investment management fees . .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials

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

25 Total functional expenses. Add lines 1 through 24e
 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)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O)

a PAYMENTS TO SUBRECIPIEN

b MISCELLANEOUS AND DUES

c EQUIP RENTAL & MAINT

d UBIT & FOREIGN TAXES

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column

Form 990 (2018)

31

32

33 34

Net

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,218,805	1	1,767,591
	2	Savings and temporary cash investments .		<i>⊢</i>	508	2	840,643
	3	Pledges and grants receivable, net		_	2,424,478	3	3,761,007
	4	Accounts receivable, net		⊢	4,932,298	4	8,284,798
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compense. Part II of Schedule L		5			
	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L)(3)(B), and section 501(c)(9) ructions) Complete		6		
<u>۳</u> ا	8	Inventories for sale or use		-		8	
۲ ۲	9	Prepaid expenses and deferred charges	321.076	9	331.962		
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,638,295	32,,313		33.,,332
	b	Less accumulated depreciation	10b	2,999,850	2,529,620	10 c	2,638,445
1:	1	Investments—publicly traded securities .			27,404,380	11	25,458,858
1:	2	Investments—other securities See Part IV, line	11 .			12	
1:	3	Investments—program-related See Part IV, line	e 11 .			13	
14	4	Intangible assets		[14	
1!	5	Other assets See Part IV, line 11		[0	15	130,116
10	6	Total assets.Add lines 1 through 15 (must equ	ual line 34)	39,831,165	16	43,213,420
17	7	Accounts payable and accrued expenses			8,748,770	17	8,317,932
18	8	Grants payable			18		
19	9	Deferred revenue			3,847,794	19	3,888,626
20	0	Tax-exempt bond liabilities				20	
<u>بر</u> 2:	1	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
rties 2	2	Loans and other payables to current and former					

	15	Other assets See Part IV, line 11	0	15	130,116
	16	Total assets.Add lines 1 through 15 (must equal line 34)	39,831,165	16	43,213,420
	17	Accounts payable and accrued expenses	8,748,770	17	8,317,932
	18	Grants payable		18	
	19	Deferred revenue	3,847,794	19	3,888,626
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
윤		persons Complete Part II of Schedule L		22	

persons Complete Part II of Schedule L . 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . 24 24

Other liabilities (including federal income tax, payables to related third parties, 25 3,171,736 and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D 12.596.564 15.378.294 26 26

Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here > \square and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets 20,937,756 27 27

Assets or Fund Balances 19.678.106 Temporarily restricted net assets 3,993,643 28 28

5,432,981 2,724,039 29 Permanently restricted net assets 2,303,202 29 Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 31 32

33

34

27,835,126

43,213,420

Form **990** (2018)

27,234,601

39,831,165

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 13-1623892

Name: AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

Form 990 (2018)

Form 990, Part III, Line 4a: INDUSTRY TECHNOLOGY GROUPS - TO ALLOW INDUSTRY, ACADEMIA AND GOVERNMENT REPRESENTATIVES TO COLLABORATE AND LEVERAGE RESOURCES FOR RESEARCH TECHNOLOGY TRANSFER AND OTHER ACTIVITIES. THE ABOVE REVENUE EXCLUDES REVENUES FROM CHARITABLE CONTRIBUTIONS AND GRANTS OF \$10,020,047 REPORTED IN PART VIII, LINE 1, EXCLUDES ROYALTIES OF \$378,114 REPORTED IN PART VIII, LINE 5

MEMBERSHIP - TO PROVIDE A FOUNDATION FOR AICHE MEMBERS TO KEEP CURRENT, CONNECTED, AND SECURE THROUGHOUT THEIR CAREERS AICHE PRODUCES A JOURNAL (CHEMICAL ENGINEERING PROGRESS) WHICH PROVIDES ESSENTIAL TECHNICAL AND PROFESSIONAL INFORMATION TO PRACTICING CHEMICAL ENGINEERS THE ABOVE REVENUE EXCLUDES REVENUES FROM CHARITABLE CONTRIBUTIONS AND GRANTS OF \$25.568 REPORTED IN PART VIII, LINE 1, AND EXCLUDES ADVERTISING

Form 990, Part III, Line 4b:

REVENUES OF \$105,646 REPORTED ON PART VIII, LINE 2F

Form 990, Part III, Line 4c:

IN PART VIII. LINE 1

EXCHANGE OF CHEMICAL ENGINEERING CONCEPTS THE ABOVE REVENUE EXCLUDES REVENUES FROM CHARITABLE CONTRIBUTIONS AND GRANTS OF \$14,922 REPORTED

MEETINGS & TECHNICAL PROGRAMMING - TO CONDUCT TECHNICAL MEETINGS, CONFERENCES, AND EXHIBITS IN VARIOUS LOCATIONS IN ORDER TO PROMOTE OPEN

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

REPORTED IN PART VIII, LINE 3 AND EXCLUDES ROYALTIES OF \$407,300 REPORTED IN PART VIII, LINE 5

others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 2,608,540 including grants of \$) (Revenue \$ 1,178,223)

PUBLICATIONS - TO PUBLISH A VARIETY OF PERIODICALS, BOOKS AND OTHER MATERIALS ON CHEMICAL ENGINEERING AND RELATED TOPICS FOR DISTRIBUTION TO THE GENERAL PUBLIC THE REVENUE BELOW EXCLUDES ROYALTIES OF \$1,423,276 REPORTED IN PART VIII, LINE 5 AND EXCLUDES ADVERTISING REVENUES OF \$589.979 REPORTED IN PART VIII. LINE 2F

(Code) (Expenses \$ 234,528 including grants of \$) (Revenue \$ 5,000)

FINANCIAL SERVICES - TO ASSIST AICHE MEMBERS' EFFORTS TO ACHIEVE FINANCIAL SECURITY BY PROVIDING THEM WITH A SELECTION OF

FINANCIAL SERVICES AND KEEPING TRACK OF ALL FINANCIAL RELATED BENEFITS THE REVENUE BELOW EXCLUDES DIVIDENDS OF \$240,000

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 1,372,495 including grants of \$ 246,937) (Revenue \$ 1,176,136)

OTHER PROGRAM SUPPORT - TO SUPPORT CERTAIN OPERATIONS DECIDED BY THE BOARD OF DIRECTORS FROM SURPLUSES FROM SELF-

SUPPORTING OPERATIONS, OTHER OPERATING REVENUES, AND A PORTION OF INVESTMENT RETURN THE REVENUE BELOW EXCLUDES REVENUES FROM CHARITABLE CONTRIBUTIONS AND GRANTS OF \$14,878 REPORTED IN PART VIII. LINE 1

(Code) (Expenses \$ 3,081,635 including grants of \$) (Revenue \$ 2,772,090)

RELATED TO CHEMICAL ENGINEERING REVENUE BELOW EXCLUES DIVIDENDS OF 200,000 REPORTED IN PART VIII LINE 3

EDUCATION SERVICES - TO PROVIDE SEMINARS AND COURSES TO THE GENERAL PUBLIC WHICH PROVIDES EDUCATIONAL OPPORTUNITIES

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours			ecto		ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AL SACCO DIRECTOR	2 00	x						0	0	0
BILLY BARDIN DIRECTOR	4 00	x						0	0	0
BOND CALLOWAY PAST PRESIDENT	3 00	х		х				0	0	0
CHRISTINE SEYMOUR PRESIDENT	15 00	x		х				0	0	0
FREEMAN SELF	5 00	x		х				0	0	0

3 00

2 00

3 00

4 00

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CHRISTINE SEYMOUR
PRESIDENT
FREEMAN SELF
SECRETARY

GREGORY FRANK

KATHERINE GAWEL

KIMBERLY OGDEN

PRESIDENT (ELECT)

KRISTI ANSETH

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOE POWELL

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

ROSEMARIE D WESSON

EXECUTIVE DIRECTOR & CEO

CHIEF FINANCIAL OFFICER

CHIEF OF ADMINISTRATION

.....

TREASURER

TIM OLSEN

DIRECTOR

DIRECTOR

TIMOTHY O ODI

RICHARD CAIN

CATHY DIANA

JUNE C WISPELWEY

	any hours)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LORI MCDOWELL DIRECTOR	3 00	×						0	0	0	
MARIANTHI IERAPETRITOU DIRFCTOR	2 00	×						0	0	0	

LORI MCDOWELL	3 00	l ↓			_	ام	
DIRECTOR		^					
MARIANTHI IERAPETRITOU	2 00	×			0	0	
DIRECTOR		^			0	0	
MARYKATHRYN LEE	2 00	×			n	0	
DIRECTOR		^					

3 00

1 00

1 00

40 00

40 00

32 00

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DIRECTOR							
MARIANTHI IERAPETRITOU	2 00	x			0	0	
DIRECTOR		,			9	3	
MARYKATHRYN LEE	2 00	_			0	0	
DIRECTOR		^				U	
MEAGAN LEWIS	2 00	,				0	
DIRECTOR		^				l o	

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430,757

287,237

201,603

68,370

64,100

61,962

0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related

and Independent Contractors

KRISTINE CHIN

LOUISA NARA

SENIOR DIRECTOR, CONFERENCES

......

GLOBAL CCPS TECHNICAL

CHIEF TECHNOLOGY OFFICER

JAMES BIELENBERG

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
DARLENE SCHUSTER CHIEF OF TECHNICAL OPERATIONS	40 00				×			298,931	0	56,300	
IAN SERGO SENIOR DIRECTOR BUSI SERV	40 00				x			179,182	0	53,690	
SHAKEEL KADRI EXECUTIVE DIRECTOR, CCPS	40 00				×			362,213	0	66,850	
AMIT GUPTA CHIEF INFORMATION OFFICER	40 00					х		211,634	0	29,114	
ELIZABETH LAWLER SENIOR DIRECTOR OPERATIONS	40 00					х		269,321	0	58,449	

40 00

40 00

40 00

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28,273

53,698

31,611

243,128

205,958

244,608

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Form 990 (90EZ)	90EZ)			Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2018 Open to Public
epartment of the ternal Revenue ame of the	Service	on	P Go to	www.irs.gov/Forms	990 for the late	est information	Employer identific	Inspection
MERICAN INST	ITUTE OF CHE	MICAL ENGIN	EERS				13-1623892	
Part I	Reason fo	r Public (Charity Stat	us (All organization	s must comple	te this part.) S		
ie organizati	on is not a j	orivate foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
1	church, cor	vention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school desc	cribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗌 A	hospital or	a cooperati	ve hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
	medical res ame, city, a		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
	n organızatı b)(1)(A)(i	•		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
			•	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
			mally receives vi). (Complete	a substantial part of it e Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
3 🗆 A	community	trust descr	ibed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
fi II	om activitie ivestment ir	s related to ncome and u	ıts exempt fur ınrelated busır	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
n	nore publicly	supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509 (a)(2). See section 509(a	
	ype I. A su rganization(pporting org s) the powe	janization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
□ n	nanagement	of the supp		pervised or controlled in ation vested in the san and C.				
	• •	-	_	supporting organization	•	•	, -	ated with, its
l	ype III no inctionally i	n-function ntegrated 1	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	•		•	ved a written determir	•		pe I, Type II, Type II	I functionally
	-		on-functionally organizations	integrated supporting	organization	,	_	·
				pported organization(1			T
	(i) Name of supported organization (ii) EIN						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes			
tal								
	ule Daderati	on Act Not	ico, coo tho T	l nstructions for	L Cat No 1128!	5F .	 Schedule A (Form 9	90 or 990-E7) 201

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	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)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) Total
7	Amounts 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 VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	_			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III

15

20

	the organization fails t	to qualify under	the tests listed	below, please c	omplete Part II.)	
Se	ction A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,616,448	2,827,814	3,860,311	7,048,944	14,368,623	29,722,140
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	21,472,905	22,159,858	24,351,816	23,481,828	25,369,273	116,835,680
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	23,089,353	24,987,672	28,212,127	30,530,772	39,737,896	146,557,820
	Amounts included on lines 1, 2, and 3 received from disqualified persons	83,296	32,000	30,500	52,641	17,015	215,452
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
c	amount on line 13 for the year Add lines 7a and 7b	83,296	32,000	30,500	52,641	17,015	215,452
8	Public support. (Subtract line 7c from line 6)	33,233	52,000	50,500	32,011	17,7013	146,342,368
Se	ection B. Total Support	•					
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	23,089,353	24,987,672	28,212,127	30,530,772	39,737,896	146,557,820
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,349,369	3,084,974	6,924,795	3,019,859	3,335,512	19,714,509
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,349,369	3,084,974	6,924,795	3,019,859	3,335,512	19,714,509
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12		52,409	103,050	70,726	87,674	93,825	407,684
13	Total support. (Add lines 9, 10c, 11, and 12)	26,491,131	28,175,696	35,207,648	33,638,305	43,167,233	166,680,013

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 check this box and stop here Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

15

16

▶□

87 800 %

86 240 %

11 830 %

13 610 %

▶ ☑

16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

- Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18
- 19a 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

- 17

b 33 1/3% support tests - 2017. 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

- 18

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)					
	cupper unity or gamma units (community)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash			
u	governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection B. Type I Supporting Organizations	110				
	ection b. Type I Supporting Organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or					
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		\sqcup			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2				
	organization					
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
	ection D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j				
	, , , , , , , , , , , , , , , , , , , ,					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	-				
	b					
	c	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26				

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income	(A) Prior Year	(B) C (o	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Schedule A	ichedule A (Form 990 or 990-EZ) 2018 Page 8		
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test	
990 Sche	dule A, Supplemen	tal Information	
Re	Return Reference Explanation		
		FUNDRAISING INCOME - 2014 AMOUNT \$ 52,409 2015 AMOUNT \$ 103,050 2016 AMOUNT \$ 70,726 2017	

EXPLANATION OF OTHER AMOUNT \$ 87,674 2018 AMOUNT \$ 93,825

INCOME

SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493217005879

Open to Public

Cat No 52283D Schedule D (Form 990) 2018

Department of the Treasury

(Form 990)

em	ial Revenue Service	ov/rormsso for the latest information.		24118	spection
Na 4MI	me of the organization ERICAN INSTITUTE OF CHEMICAL ENGINEERS		Employer ide	entification	number
_			13-1623892		
26	Organizations Maintaining Donor Advis Complete if the organization answered "Ye		r Accounts.		
		(a) Donor advised funds	(b)Fund	s and other	accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		vised funds are		Yes 🗌 No
'	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	nor advisors in writing that grant funds can or donor advisor, or for any other purpose c	be used only fo conferring imper	missible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply)			
	\square Preservation of land for public use (e g , recreation	or education)	historically imp	ortant land a	area
	Protection of natural habitat	Preservation of a c			
	П		er amed miscorre	Jii detale	
:	Preservation of open space Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	m of a conserva	ation	
	easement on the last day of the tax year	,	Held a	t the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	the organizatior	during the	
	Number of states where property subject to conservation	n easement is located >			
	Does the organization have a written policy regarding th		of violations,		
	and enforcement of the conservation easements it holds	5?		☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation ease	ements durir	ng the year
	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conserv	vation easemen	ts during the	e year
}	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section 17	70(h)(4)(B)(ı)	П у	□
	In Part XIII, describe how the organization reports cons	•	,		⊔ No
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	ts			
aï	Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar As	ssets.	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items				
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
(ii)Assets included in Form 990, Part X		▶ \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	> \$ _		
h	Accets included in Form 990, Part V		▶ ¢		

Fan	<u> </u>	Organizations Ma	aintaining Col	lections of Art,	Histori	cal T	reas	ures, or	Other:	Similar A	ssets (d	continue	d)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other record	s, check	any of	the fo	ollowing th	at are a	sıgnıfıcant	use of its	collecti	on	
а		Public exhibition			d		Loar	or excha	nge prog	rams				
b		Scholarly research			е		Othe	er						
С		Preservation for future	e generations											
4	Provi Part)	de a description of the o	organızatıon's col	lections and explair	n how the	ey furtl	her th	ie organiza	ation's ex	empt purp	ose in			
5		g the year, did the orga s to be sold to raise fur								ılar	☐ Ye	s 🗆	No	
Par	t IV	Escrow and Cust Complete if the org X, line 21.			orm 990	, Part	: IV,	ine 9, or	reporte	d an amo	unt on F	Form 99	0, P	art
1a		e organization an agent ded on Form 990, Part)		an or other interme	diary for	contri	butior	ns or othe	assets i	not	☐ Ye	s [No	
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the t	following	table		Γ			Amount			
С	Begir	ning balance		·	_				1c					
d	Addıt	ions during the year							1d					
е	Dıstrı	butions during the year	-						1e					
f	Endır	g balance						Γ	1f					
2a	Did tl	ne organization include	an amount on Fo	rm 990. Part X. line	e 21. for	escrov	v or ci	ustodial ad	count lia	bility?		<u>.</u>	No	
b		s," explain the arrange									_	.		
	rt V	Endowment Fund												
				(a)Current year		rior yea		(c)Two ye				(e)Four	years	back
1a	Beginn	ing of year balance .		2,539,396		1,834	4,014		,508,429	1	,157,713			6,492
b	Contrib	outions		420,837		54	7,614		247,159		415,219		36	66,118
С	Net inv	estment earnings, gair	ns, and losses	-120,726		223	3,958		97,362		-45,709		3	3,720
d	Grants	or scholarships	•											
		expenditures for facilitie	es	76,368		66	5,190		18,936		18,794		19	8,617
f	Admını	strative expenses .												
g	End of	year balance		2,763,139	,	2,539	9,396	:	1,834,014	1	,508,429		1,15	57,713
2	Provi	de the estimated percei	ntage of the curre	ent year end balanc	e (line 1	g, colu	mn (a	a)) held as			•			
а	Board	d designated or quasi-e	ndowment 🟲											
ь	Perm	anent endowment 🕨	98 580 %											
С	Temp	orarily restricted endov	wment ▶ 14	20 %										
•		ercentages on lines 2a,												
3a	Are tl	here endowment funds	not in the posses	sion of the organiza	ation tha	t are h	eld ar	nd adminis	tered for	the				
	-	nization by										Ye	_	No
		nrelated organizations				•						a(i)		No
b		elated organizations .es" on 3a(ii), are the rel		s listed as required	 Lon Sche	 Daluba						ı(ii) Bb	_	No
4		ribe in Part XIII the inte	-	•			. •	• •		•	٠ ــــــ	,,,		
	t VI	Land, Buildings,			- Transcrite	ianas								
I GI	. v.	Complete if the ord			rm 990	, Part	IV, I	ıne 11a.	See For	m 990, Pa	art X, lın	ie 10.		
	Descri	ption of property	(a) Cost or oth (investme		st or other	basıs (other)	(c) Accu	mulated d	epreciation	(d) Book v	/alue	
1a	Land													
		gs												
		old improvements				1	58,822	:		47,511			1	11,311
		nent					15,440	_		2,719,328				296,112
						4	64,033	3		233,011				231,022
		lines 1a through 1e (Co	olumn (d) must e	gual Form 990, Par	t X, colui				. 1	<u>, , , , , , , , , , , , , , , , , , , </u>				38,445

(2) Description of security and security of colors of an extraction of colors of colo	Part VII Investments—Other Securities. Complete if the of See Form 990, Part X, line 12.	organization ar	swered "Yes" on	Form 990, Part IV, line 11b.
(3) Class-rived equity interests (A) (Class - A) (Clas	(a) Description of security or category	Book	Cost	
10	(2) Closely-held equity interests			
(c) (d) (e) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(A)			
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Fig.	(C)			
Fig.	(D)			
Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete of the organization answered Yes' on Form 990, Part X, line 15. Complete of the organizat	(E)			
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Total Column (8) must equal Form 990, Part X, col (9) ine 12 1 1 1 1 1 1 1 1 1	(G)			
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Complete if the organization answered Yes' on Form 990, Part IX, line 11c. See Form 990, Part IX, line 13.		•		
Cost or end-of-year market value		m 990, Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
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The summer of th				

Part XI

2

b

Part XII

5

1

2

d

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-3,180,049 44,131,601

-48,861

44,082,740

40,186,069

259,748

72,410

39.998.731

Schedule D (Form 990) 2018

39,926,321

·	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lin

Donated services and use of facilities . .

c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1
а	Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Expenses per Audited Financial Statements With Expenses per

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b 2c

4b

2a 2b

2c

2d

4a

4b

Explanation

	3	
72,410		
-121,271		
	4c	
•	5	
es per R	leturi	1

1

2e

3

4c

5

259,748

72,410

2e

-3,180,049

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 13-1623892

Software ID:

R, AND 3) AWARD PROGRAMS FOR SCHOLASTIC ACHIEVEMENT

Name: AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

S 1) EDUCATIONAL AND PROFESSIONAL DEVELOPMENT, 2) PUBLIC AND GOVERNMENT OUTREACH AND OTHE

Supplemental Information

PART V, LINE 4

EARNINGS FROM ENDOWMENTS ARE INTENDED TO BE USED TO ADVANCE PROGRAMS IN THE FOLLOWING

Return Reference Explanation

AREA

Supplemental Information			
Return Reference	Explanation		
PART X, LINE 2	SCHEDULE D, PART X, LINE 2 - EXPLANATION FOR UNCERTAIN TAX POSITIONS AICHE BELIEVES IT HA D NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017 IN ACCORDANCE WITH ACCOUNTIN G STANDARDS CODIFICATION ("ASC") TOPIC 740 "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ES TABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS		

Supplemental Information

Supplemental Information			
Return Reference	Explanation		
PART XI, LINE 4B - OTHER ADJUSTMENTS	COSTS OF DIRECT BENEFITS TO DONORS -121,271		

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COSTS OF DIRECT BENEFITS TO DONORS 121,271 NON-DEDUCTIBLE TRANSPORTATION BENEFITS 138,477

efile GRAPHIC prin	t - DO NOT PRO	OCESS A	As Filed Data	,		DLN:	93493217005879
SCHEDULE F (Form 990)	Statem	ent of	Activities (Outside the Uni	Outside the United States		
(1 om 000)	► Complete	ıf the organız		"Yes" to Form 990, Part IV, line 14b, 15, or 16.			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.g	gov/Form990 for II	nstructions and the latest in	nformation		Open to Public Inspection
Name of the organization		IEED C				Employer ident	tification number
AMERICAN INSTITUTE O	F CHEMICAL ENGIN	NEERS				13-1623892	
	Information on , Part IV, line 14		Outside the U	Inited States. Comple	te if the	organization ar	nswered "Yes" to
other assistance, to award the grai	the grantees' elig nts or assistance? s. Describe in Par	gibility for th	e grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria (used	☐ Yes ☐ No er assistance
3 Activites per Regio	n (The following P	Part I, line 3 t	able can be dupli	cated if additional space is	needed)		
(a) Region		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)	program spe	ity listed in (d) is a service, describe cific type of ie(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data				-			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continua Part I c Totals (add lines 3		2	2 4				1,842,779 0 1,842,779
For Paperwork Reduction		e Instruction	s for Form 990.	Cat Cat	No 50082	W Schedule	1,042,779 e F (Form 990) 2018

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

(2) (3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

(1)

Sche	dule F (Form 990) 2018		Page 4
Par	t 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)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, don't file with Form 990)		
		☐ Yes	✓ 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)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ 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)	Yes	✓ 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)		
	(see Instructions for Form 6005)	☐ Yes	✓ 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 separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

scneaule Fi	(Form 990) 2018	Page
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

Additional Data

(a) Region

& GREENLAND)

Software ID: Software Version:

EIN: 13-1623892

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Name: AMERICAN INSTITUTE OF CHEMICAL ENGINEERS

CONDUCTING TRAINING

SEMINARS/SPEAKING AT

PROGRAMS &

CONFERENCES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	ORGANIZING & CONDUCTING TRAINING PROGRAMS & SEMINARS/SPEAKING AT CONFERENCES	288,885
FUROPE (INCLUDING ICELAND	0	1	PROGRAM SERVICES	ORGANIZING &	1 066 592

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (b) Number of (c) Number of offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) MIDDLE EAST & NORTH 0 PROGRAM SERVICES ORGANIZING & 80.739 AFRICA CONDUCTING TRAINING PROGRAMS & SEMINARS/SPEAKING AT CONFERENCES 0 PROGRAM SERVICES ORGANIZING & 120.663 NORTH AMERICA CONDUCTING TRAINING IPROGRAMS & SEMINARS/SPEAKING AT CONFERENCES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SOUTH AMERICA 0 PROGRAM SERVICES ORGANIZING & 134.887 CONDUCTING TRAINING PROGRAMS & SEMINARS/SPEAKING AT CONFERENCES SOUTH ASIA 2 PROGRAM SERVICES ORGANIZING & 151.013 CONDUCTING SEMINARS/SPEAKING AT CONFERENCES

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

licensing

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

DLN: 93493217005879 OMB No 1545-0047

Open to Public Inspection

	me of the organization	N ENGINEERS					Employer ide	ntification number
ΙVΙ	ERICAN INSTITUTE OF CHEMICA	AL ENGINEERS					13-1623892	
P	Fundraising Activities Form 990-EZ filers		_			Form 990	, Part IV, line 1	7.
L	Indicate whether the organiza	ation raised funds th	rough any	y of the fo	llowing activities Che	eck all that a	apply	
а	✓ Mail solicitations			e	✓ Solicitation of r	non-governn	nent grants	
b	✓ Internet and email solicita	ations		f	✓ Solicitation of o	government	grants	
c	Phone solicitations			g	✓ Special fundrai	sing events		
d	✓ In-person solicitations							
2a	Did the organization have a vorkey employees listed in Fo						· -	es 🗌 No
b	If "Yes," list the ten highest p to be compensated at least \$			ndraisers)	pursuant to agreeme	nts under w	hich the fundraise	er is
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r fundr	mount paid to retained by) alser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	PROJECTS PLUS INC 14 PENN PLAZA 9TH FLOOR	PLANNING AND DIRECTING OF ANNUAL GALA	Yes	No No	572,0	000	73,078	498,927
2	NEW YORK, NY 10122							
3								
4								
5								
6								
7								
8								
9								
0								
ot	al		1		572,0	100	73,078	498,922
,	List all states in which the orga	nization is registere	d or licone	od to colu	cit contributions or h	s boon notif	ind it is even at f	rom registration or

NY, AK, AL, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AR

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493217005879 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number AMERICAN INSTITUTE OF CHEMICAL ENGINEERS 13-1623892 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

GRANTED TO INDIVIDUALS AND STUDENT CHAPTERS, THESE AWARDS RECOGNIZE ACADEMIC SKILL AND STUDENT CHAPTER ACHIEVEMENTS SCHOLARSHIPS AND COMPETITIONS ARE INCLUDED SOCIETY OF BIOLOGICAL ENGINEERING AWARDS THE SOCIETY OF BIOLOGICAL ENGINEERING PRESENTS FOUR PRESTIGIOUS AWARDS EVERY YEAR AT AICHE'S ANNUAL MEETING AND OTHER VENUES, INCLUDING THE J BAILEY AWARD AND DIC WANG AWARD INTERSOCIETY AND OTHER AWARDS PRESTIGIOUS NATIONAL AND INTERNATIONAL ENGINEERING AWARDS, CO-SPONSORED AND ADMINISTERED BY OTHER ORGANIZATIONS AND ASSOCIATIONS AICHE MAINTAINS RECORDS OF ALL ASSISTANCE MADE FROM THE PRE-AWARD / DUE DILIGENCE PHASE WHICH DETERMINES THE SELECTION OF THE AWARDEE TO THE FINAL PRESENTATION MOST AWARDS ARE MADE POST ACHIEVEMENT Schedule I (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	:a -	DLN: 934	9321	7005	879		
Sch	nedule J	С	ompensat	ion Information	40	IB No	1545-0	0047		
			Compensa	ers, Directors, Trustees, Key Employees, and Highest Compensated Employees ganization answered "Yes" on Form 990, Part IV, line 23.			2018			
_		•	► Attach	n to Form 990.			o Pul			
•	tment of the Treasurv al Revenue Service	► Go to <u>www.irs.g</u>	<u>0V/F0FM99U</u> 10F	r instructions and the latest infor	mation.		ectio			
	me of the organiza	ation OF CHEMICAL ENGINEERS			Employer identificat	ion nu	ımber			
AME	RICAN INSTITUTE C	OF CHEMICAL ENGINEERS			13-1623892					
Pa	rt I Questi	ons Regarding Compens	ation		•					
							Yes	No		
1a				f the following to or for a person listency relevant information regarding the						
	First-class	s or charter travel		Housing allowance or residence for	personal use					
		companions	님	Payments for business use of person						
		nification and gross-up paymen	its 🗀	Health or social club dues or initiat						
	□ Discretion	nary spending account		Personal services (e g , maid, chau	rreur, cner)					
b		xes in line 1a are checked, did all of the expenses described ab		follow a written policy regarding payr nplete Part III to explain	ment or reimbursement	1b	Yes			
2	Did the organiza	ation require substantiation pric	or to reimbursing	or allowing expenses incurred by all	- 1-3	2	Yes			
	directors, truste	es, officers, including the CEO/	Executive Directo	or, regarding the items checked in lin	e Ia'			-		
3	organization's C	EO/Executive Director Check a	all that apply Do r	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
		ed organization to establish con		CLO/Executive Director, but explain	III FAIC III					
		ation committee	∠	Written employment contract						
		ent compensation consultant	☑	Compensation survey or study						
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ation committee					
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a					
а	Receive a sever	ance payment or change-of-co	ntrol payment?			4a		No		
b	Participate in, o	r receive payment from, a supp	olemental nonqual	lified retirement plan?		4b		No		
c		r receive payment from, an equ		-		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.						
5	For persons liste		on A, line 1a, did	the organization pay or accrue any						
а	The organization					5a	Yes			
b	Any related orga					5b	100	No		
		5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization pay or accrue any						
а	The organization	n?				6 a	Yes			
b	Any related orga	anization?				6b		No		
	If "Yes," on line	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye		the organization provide any nonfixeart III	ed	7	Yes			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	lescribe			Ne		
9		8, did the organization also foll	ow the rebuttable	presumption procedure described in	Regulations section	9		No_		
For F	Panerwork Redu	action Act Notice, see the In	structions for Fo	orm 990. Cat No	50053T Schedule J		9901	2018		

Part II Officers, Directors, Trustees, Key Employees, and Hig								
or each individual whose compensation must be reported on 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 lote. 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) Break	kdown of W-2 and/c compensation		and other	(D) Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	!	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table						1		
					'			
					1			
					-			
					-			
					<u> </u>			
			1			<u> </u>		
					1			
<u> </u>	+				+'			

Part III Supplemental Information						
rovide 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					
AND 7	PART I, QUESTION #1A THE ORGANIZATION MAKES GROSS-UP PAYMENTS IN TWO AREAS 1) THE ESTIMATED PERSONAL USAGE VALUE OF ELECTRONIC DEVICES IS ADDED TO INDIVIDUAL INCOME, AND GROSSED UP FOR TAX PURPOSES, AND 2) THE REIMBURSEMENT OF CERTAIN HOTEL AND TRAVEL EXPENSES IS ADDED TO INDIVIDUAL REPORTED INCOME, AND GROSSED UP FOR TAX PURPOSES THOSE AMOUNTS ARE REPORTED IN PART II, COLUMN (III) AS PART OF					

Page 3

Schedule J (Form 990) 2018

OTHER COMPENSATION PART I, QUESTION #5 THE ORGANIZATION PAID COMPENSATION CONTINGENT ON REVENUES FROM OPERATIONS PART I, QUESTION #6 THE ORGANIZATION PAID COMPENSATION CONTINGENT ON THE NET EARNINGS (CHANGE IN NET ASSETS FROM OPERATIONS) OF THE ORGANIZATION PART I, QUESTION #7 THE ORGANIZATION ADDITIONALLY PROVIDED NON-FIXED PAYMENTS CONTINGENT ON THE FOLLOWING A NUMBER OF MEMBERS THE

ORGANIZATION ENROLLED AND RETAINEND B CONTINUING TO DEVELOP UNDERGRADUATE EDUCATION INITIATIVES IN PROCESS SAFETY C DEVELOPING AICHE'S STRATEGIC PLAN D DEMOSTRATING LEADERSHIP IN NEW MANUFACTURING METHODS PLUS RAPID

Schedule J (Form 990) 2018

Additional Data

1JUNE C WISPELWEY

1RICHARD CAIN

2CATHY DIANA

4IAN SERGO

5SHAKEEL KADRI

6AMIT GUPTA

SERV

CCPS

OFFICER

CEO

EXECUTIVE DIRECTOR &

CHIEF FINANCIAL OFFICER

CHIEF OF ADMINISTRATION

3DARLENE SCHUSTER

CHIEF OF TECHNICAL **OPERATIONS**

SENIOR DIRECTOR BUSI

EXECUTIVE DIRECTOR,

CHIEF INFORMATION

7ELIZABETH LAWLER

SENIOR DIRECTOR **OPERATIONS 8**KRISTINE CHIN

SENIOR DIRECTOR, CONFERENCES

GLOBAL CCPS TECHNICAL

10JAMES BIELENBERG

CHIEF TECHNOLOGY OFFICER

9LOUISA NARA

(i) Base Compensation

313,202

213,903

149,667

221,724

165.417

272,095

194,272

222,405

194,816

180,200

203,500

(1)

[(II)

(1)

(II)

(1)

(1)

(II)

(i)

(11)

(1)

(1)

(II)

(1)

(III)

Software ID: **Software Version:**

(ii)

Bonus & incentive

compensation

12 1622002

(iii)

Other reportable

compensation

1,894

20,757

766

459

24,745

540

2,376

540

2,549

360

21,721

other deferred

compensation

35,856

29,976

13,576

27,606

21,915

35,856

24,767

28,476

23,160

25,004

29,884

(E) Total of columns

(B)(i)-(D)

499,127

351,337

263,565

355,231

232,872

429,063

240,748

327,770

271,401

259,656

276,219

benefits

32,514

34,124

48,386

28,694

31,775

30,994

4,347

29,973

5,113

28,694

1,727

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

EIN:	13-1623892
Name:	AMERICAN INSTITUTE OF CHEMICAL ENGINEERS
990, Schedule J, Part II - Officers, Directors, Trustees, K	ey Employees, and Highest Compensated Employees

115,661

52,577

51,170

55,486

13,306

65,373

16,822

44,540

47,772

23,209

40,748

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	Highest Compensate	d Employees
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349321	7005	879
	IEDULE M		N	loncash Contri	hutions		OMB No 1	.545-0	047
(Form 990) ►Complete if the		1	toricasii Contin	Dutions		20	10		
		organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	Z U	2018		
		► Attach to Form							
•	tment of the Treasury	▶Go to <u>www.irs.g</u>	ov/Form9	<u>90</u> for the latest informat	ion.		Open to		
	al Revenue Service e of the organizat	lon.				Employer identif	Inspe		
		CHEMICAL ENGINEERS					icacion in	annoe.	•
	T	of Duamantu.				13-1623892			
- 6	rt I Types	of Property		41.		T			
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Method o	(d) of determin	ning	
			applicable	items contributed	amounts reported on	noncash con			s
					Form 990, Part VIII, line 1g				
1	Art—Works of art	t			,				
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public								
5	Clothing and hou								
6	goods Cars and other v	 ehicles							
7	Boats and planes								
8	Intellectual prope								
9	Securities—Public	cly traded .	Х	5	309,46	8 FAIR MARKET VA	LUE		
10	Securities—Close	ely held stock .							
11	Securities—Partr	, , ,							
12	or trust interest Securities—Misce								
13	Qualified conserv								
	contribution—Hi								
	structures .								
14	Qualified conserve contribution—Of								
15	Real estate—Res								
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
	Historical artifact								
	Scientific specim Archeological art								
	Other ► (+			
	Other ▶ (
27	Other ► (
28	Other ▶ ()							
29				ation during the tax year for					
	for which the org	janization completed	Form 8283	3, Part IV, Donee Acknowled	gement	29			
								Yes	No
30a				y contribution any property r e of the initial contribution, a			,		
				• • • • • • •		be used for exemi			l
							30a		No
Ь	If "Yes," describ	e the arrangement II	n Part II						ļ
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions?	31	Yes	<u> </u>
32a				or related organizations to so	olicit, process, or sell nonca	ash			ļ
							32a		No
	If "Yes," describ								
33	If the organizati describe in Part	·	amount in	column (c) for a type of pro	perty for which column (a)	is cnecked,			
		n Act Notice, see the	Tu =44.	for Form 000	Cat No 512271	C-L I	le M (Form	0001	(3040)
COT P		ACT NOTICE, SEE THE	- DESCRIPTION		(ar NO 512271				

Schedule M (Form 990) (2018) Page 2		
Part II Supplemental Info	ormation. tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part	
I, column (b), the number of contributions, the number of items received, or a combination of both. Also contributions this part for any additional information.		
Return Reference	Explanation	
PART I, COLUMN (B)	THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS	
	Schedule M (Form 990) (2018)	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493217005879				
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info Attach to Form 990 or 990-EZ.	questions on ormation.	OMB No 1545-0047 2018 Open to Public Inspection	
Name l Bะthยเจริ AMERICAN INSTITU	Employer ident 13-1623892	fication number		
Return Reference	Reference FORM 990, PART VI, SECTION A, FOR PREFERENTIAL BALLOTS, MINIMUM TIMING OF THE BALLOTS MOVED FROM 9 TO 11 WEEKS BEFORE TH			
FORM 990, PART VI, SECTION A, LINE 4				

Return Explanation
Reference

LINE 6

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, THE BOARD OF DIRECTORS, THE ORGANIZATION'S GOVERNING BODY, IS ELECTED BY GENERAL MEMBERSHIP SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, AMENDMENTS TO THE AICHE CONSTITUTION REQUIRE RATIFICATION BY ITS MEMBERSHIP
SECTION A,
LINE 7B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 AND ALL ASSOCIATED SCHEDULES ARE FIRST REVIEWED BY STAFF (EXECUTIVE DIR ECTOR & CEO, CHIEF FINANCIAL OFFICER AND CONTROLLER) NEXT, ALL DOCUMENTS ARE POSTED TO THE BOARD BOX AND BOARD PORTAL, AND THE BOARD MEMBERS ARE NOTIFIED THAT THE DOCUMENTS HAVE BEEN UPLOADED BOARD MEMBERS ARE REQUESTED TO COMPLETE AND SIGN A FORM INDICATING THEY HAVE READ THE FORM 990, AND EITHER HAVE NO CONCERNS, OR QUESTIONS OR COMMENTS ARE RAISED THEN, THE FORM IS TO BE GIVEN TO THE TREASURER, WITH COPIES TO THE CHAIR OF THE AUDIT COMMITTE E AND THE CFO THE TREASURER ADDRESSES ISSUES AND COORDINATES MODIFICATIONS AS REQUIRED THE TREASURER AND CHAIR OF THE AUDIT COMMITTEE THEN GIVE THE FINAL APPROVAL TO THE EXECUTIVE DIRECTOR & CEO TO FILE THE FORM 990 (WITH COPY TO THE BOARD) THE DOCUMENTS ARE THEN FILED WITH THE IRS

Return Explanation
Reference

FORM 990, PART VI, ST POLICY ANUALLY AND STAFF, INCLUDING ALL KEY EMPLOYEES, REVIEW THE CONFLICT OF INTERE SECTION B, RE TO IT WHILE ENGAGED IN ACTIVITIES WITH AICHE ALL EXCEPTIONS ARE NOTED AND DESCRIBED THE CHAIR OF THE AUDIT COMMITTEE REVIEWS ALL FORMS FOR COMPLETENESS AND REVIEWS THE EXCEPTIONS ONS FOR POTENTIAL ISSUES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE, WHICH IS THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PLU S 2 PAST PRESIDENTS, REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR & CEO, AND KEY EMP LOYEES AN EXTERNAL COMPENSATION ORGANIZATION IS HIRED TO PERFORM COMPARABILITY STUDIES ON A ROLLING BASIS EVERY 3-4 YEARS THE COMPENSATION COMMITTEE REVIEWS THE COMPARABILITY REP ORT OF THE EXECUTIVE DIRECTOR & CEO AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTO R & CEO COMPENSATION DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN A LOGBOOK, APPROVED BY THE SECRETARY AND MAINTAINED BY THE CHIEF OF ADMINISTRATION THE COMPENSATION COMMITTEE PROVIDES REPORTS TO THE AICHE BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR & CEO IS RESPONSIBLE FOR SETTING COMPENSATION OF ALL STAFF, INCLUDING KEY EMPLOYEES THE EXECUTI VE DIRECTOR & CEO UTILIZES THIRD PARTY COMPENSATION BENCHMARKING STUDIES TO CONFIRM THAT COMPENSATION IS WITHIN GUIDELINES

990 Schedule O, Supplemental Information

Return Explanation

Reference

ľ	FORM 990,	THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE TO THE PUBLIC AS FOLLOWS 1) GOVERNING DOCUMENT
	PART VI,	S (CONSTITUTION AND BYLAWS) ARE POSTED ON THE AICHE WEBSITE (WWW AICHE ORG), 2) CONFLICT O
	SECTION C,	F INTEREST POLICY IS AVAILABLE ON THE WEBSITE, 3) AUDITED FINANCIAL STATEMENTS ARE AVAILAB
	LINE 19	LE BOTH IN SUMMARY AND COMPLETE VERSIONS ON THE WEBSITE. AND ARE PROVIDED ON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES OTHER PROGRAM SERVICE EXPENSES 283,253 MANAGEMENT AND GENERAL EXPENSES 126,968 FUNDRAISING EXPENSES 25,675 TOTAL EXPENSES 435,896 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 312,675 MANAGEMENT AND GENERAL EXPENSES 37,650 FUNDRAISING EXPENSES 19,877 TOTAL EXPENSES 370,202 SERVICES - HONORARIA PROGRAM SERVICE EXPENSES 606, 160 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 606,160 PR OJECT CONSULTANTS PROGRAM SERVICE EXPENSES 716,734 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,000,767 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,000,767 GENERAL CONSULTANT PROGRAM SERVICE EXPENSES 1,066,293 MANAGEMENT AND GENERAL EXPENSE ES 0 FUNDRAISING EXPENSES 233,380 TOTAL EXPENSES 1,299,673

Return Explanation
Reference

FORM 990,	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -28,005 POSTRETIREMENT RELAT
PART XI,	ED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT COST -136,953 NON-DEDUCTIBLE TRANSPORTA
LINE 9	TION BENEFITS -138.477

Return Explanation
Reference

FORM 990, PART XII LINE 2C