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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTERNATIONAL SOCIETY OF AUTOMATION  Doing Business As ISA  Number and street (or P O box if mail is not delivered to street address) Room/suite 67 ALEXANDER DRIVE PO BOX 12277  City or town, state or country, and ZIP + 4 RESEARCH TRIANGLE, NC 27709  <b>F</b> Name and address of principal officer PATRICK GOUHIN 67 ALEXANDER DRIVE PO BOX 12277 RESEARCH TRIANGLE, NC 27709	<b>D</b> Employer identification number 25-0921042  <b>E</b> Telephone number (919) 549-8411  <b>G</b> Gross receipts \$ 21,897,333
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW ISA ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1945 <b>M</b> State of legal domicile NC

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities <u>TO ADVANCE THE KNOWLEDGE AND PRACTICE RELATED TO THE SCIENCES AND TECHNOLOGIES OF AUTOMATION</u>		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .		<b>3</b>	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .		<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .		<b>5</b>	56
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .		<b>6</b>	1,200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	394,072
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	-129,280
		<b>Prior Year</b>	
		<b>Current Year</b>	
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	1,841,026	1,599,880
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	5,355,356	6,323,700
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,944,453	1,485,661
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,244,203	1,993,517
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	11,385,038	11,402,758
		80,000	67,100
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	4,508,895	4,849,541
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	5,713,212	5,956,293
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,302,107	10,872,934
<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	1,082,931	529,824
		<b>Beginning of Current Year</b>	
		<b>End of Year</b>	
<b>20</b>	Total assets (Part X, line 16) . . . . .	33,116,358	29,648,457
<b>21</b>	Total liabilities (Part X, line 26) . . . . .	7,115,715	6,013,688
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	26,000,643	23,634,769

**Part II 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.

<b>Sign Here</b>	***** Signature of officer	2012-10-05 Date
	PATRICK GOUHIN EXECUTIVE DIRECTOR Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ GREGORY W JOHNS	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00535091
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTONLARSONALLEN LLP 101 N TRYON STREET SUITE 1000 CHARLOTTE, NC 28246			EIN ▶ 41-0746749  Phone no ▶ (704) 998-5200

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission  
 FOUNDED IN 1945, THE INTERNATIONAL SOCIETY OF AUTOMATION (ISA) IS A LEADING, GLOBAL, NONPROFIT ORGANIZATION THAT IS SETTING THE STANDARD FOR AUTOMATION BY HELPING OVER 30,000 WORLDWIDE MEMBERS AND OTHER PROFESSIONALS SOLVE DIFFICULT TECHNICAL PROBLEMS, WHILE ENHANCING THEIR LEADERSHIP AND PERSONAL CAREER CAPABILITIES BASED IN RESEARCH TRIANGLE PARK, NORTH CAROLINA, ISA DEVELOPS STANDARDS, CERTIFIES INDUSTRY PROFESSIONALS, PROVIDES EDUCATION AND TRAINING, PUBLISHES BOOKS AND TECHNICAL ARTICLES, AND HOSTS THE LARGEST CONFERENCE AND EXHIBITION FOR AUTOMATION PROFESSIONALS IN THE WESTERN HEMISPHERE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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

**4a** (Code ) (Expenses \$ 3,830,568 including grants of \$ ) (Revenue \$ 4,322,856 )  
 TRAINING AND CERTIFICATION SERVICES THE SOCIETY OFFERS TRAINING PRODUCTS TO COMPANIES AND INDIVIDUALS INVOLVED IN AUTOMATION TRAINING IS OFFERED AT THE SOCIETY'S HEADQUARTERS FACILITY, AT SITES THROUGHOUT THE WORLD, IN-PLANT, AND DISTANCE LEARNING THROUGH INTERNET OFFERINGS VIDEOTAPE AND DVD TRAINING PRODUCTS ARE ALSO SOLD BY THE SOCIETY THE SOCIETY FURTHER MAINTAINS TWO PROFESSIONAL CERTIFICATION PROGRAMS, CERTIFIED CONTROL SYSTEMS TECHNICIAN (CCST) AND CERTIFIED AUTOMATION PROFESSIONAL (CAP) BOTH WITH TRAINING AND TESTING OFFERED THE SOCIETY DERIVES REVENUE FROM TRAINING SERVICES BY CHARGING PARTICIPANTS REGISTRATION FEES IN 2011, 280 TRAINING COURSES WERE CONDUCTED AND THESE COURSES WERE ATTENDED BY 2,782 INDIVIDUALS

**4b** (Code ) (Expenses \$ 2,737,097 including grants of \$ 67,100 ) (Revenue \$ 709,185 )  
 MEMBER SERVICES MEMBER SERVICES INCLUDE ALL EFFORTS TO PROVIDE AND SUPPORT MEMBER BENEFITS AND THE ADMINISTRATION OF LEADERSHIP STRUCTURE OF THE SOCIETY THIS PROGRAM INCLUDES DUES REVENUE FOR SOCIETY MEMBERSHIP AND DUES REVENUE FOR MEMBERSHIP IN DIVISIONS THAT SPECIALIZE IN SPECIFIC TECHNICAL INTEREST AREAS OF AUTOMATION ADDITIONAL REVENUE IS ORIGINATED FROM ROYALTIES AND THE SALE OF LOGO MERCHANDISE ALL EXPENSES RELATED TO THE SOCIETY GOVERNANCE, SUPPORT OF LOCAL SECTIONS, ADMINISTRATIVE MEETINGS, AND THE SUPPORT OF VOLUNTEER EFFORTS IS INCLUDED IN THIS PROGRAM THE SOCIETY HAD 26,463 MEMBERS AT THE END OF THE YEAR AND 35,021 ACTIVE TECHNICAL DIVISION MEMBERS

**4c** (Code ) (Expenses \$ 1,869,114 including grants of \$ ) (Revenue \$ 1,842,572 )  
 CONFERENCES AND EXHIBITIONS ISA HOSTS SEVERAL ANNUAL EVENTS RANGING IN SIZE FROM ONE-DAY TECHNICAL CONFERENCES FOCUSED ON SPECIFIC INDUSTRY ISSUES, TO CONFERENCES SPANNING SEVERAL DAYS COVERING A MULTITUDE OF TOPICS AND INDUSTRIES ATTENDEES OF THESE EVENTS GAIN ACCESS TO THE LATEST PRODUCT DEVELOPMENTS, REAL-WORLD SCENARIOS, AND PRESENTATIONS DELIVERED BY EXPERTS, PEERS, AND INDUSTRY LEADERS THESE EVENTS PROVIDE QUALITY CONTINUING EDUCATION TO AUTOMATION PROFESSIONALS AND PROVIDE BUSINESSES AN UNPARALLELED OPPORTUNITY TO MAXIMIZE THEIR PRODUCTIVITY AND ENSURE THEIR LONG-TERM GROWTH

(Code ) (Expenses \$ 1,573,551 including grants of \$ ) (Revenue \$ 1,048,532 )  
 PUBLISHING SERVICES THE SOCIETY PUBLISHES AND SELLS BOOKS FOR THE INSTRUMENTATION SYSTEMS, AND AUTOMATION FIELD THE SOCIETY ALSO PUBLISHES AND SELLS A PROFESSION JOURNAL OF TECHNICAL ARTICLES, PUBLISHES A MONTHLY MAGAZINE AND OUTSOURCES ANNUAL DIRECTORY THAT SERVES THE AUTOMATION INDUSTRY IN 2011, 15 NEW BOOK TITLES WERE PUBLISHED AND THE BI-MONTHLY MAGAZINE WAS RECEIVED BY OVER 70,000 INDIVIDUALS OF CONTROLLED CIRCULATION AND SUBSCRIBERS EACH MONTH

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 1,573,551 including grants of \$ ) (Revenue \$ 1,048,532 )

**4e Total program service expenses** \$ 10,010,330

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	Yes	
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (No), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NELSON NININ PAST PRESIDENT	5 00	X		X				0	0	0
(2) LEO STAPLES JR PRESIDENT	5 00	X		X				0	0	0
(3) RICK ALBRECHT VICE PRESIDENT	5 00	X						0	0	0
(4) MICHAEL BOVENKAMP VICE PRESIDENT	5 00	X						0	0	0
(5) TERRANCE IVES PARLIAMENTARIAN	5 00	X						0	0	0
(6) RANDY BUCHANAN VICE PRESIDENT	5 00	X						0	0	0
(7) MARCUS COESTER VICE PRESIDENT	5 00	X						0	0	0
(8) ROBERT LINDEMAN PRESIDENT-ELECT, SECRETARY	5 00	X		X				0	0	0
(9) JAMES KEAVENEY TREASURER	5 00	X		X				0	0	0
(10) PEGGIE KOON VICE PRESIDENT	5 00	X						0	0	0
(11) GREG LEHMANN VICE PRESIDENT	5 00	X						0	0	0
(12) EOIN O'RIAIN VICE PRESIDENT	5 00	X						0	0	0
(13) BRADLEY RUPERT VICE PRESIDENT	5 00	X						0	0	0
(14) NICHOLAS SANDS VICE PRESIDENT	5 00	X						0	0	0
(15) JOHN SCHAROSCH VICE PRESIDENT	5 00	X						0	0	0
(16) IAN VERHAPPEN VICE PRESIDENT	5 00	X						0	0	0
(17) DOUG ZIMMERMAN VICE PRESIDENT	5 00	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK GOUHIN EXECUTIVE DIRECTOR, CEO	40 00	X		X				311,017	0	46,269
(19) KENNETH HILGERS DIRECTOR	40 00			X				166,650	0	41,763
(20) TIM FELDMAN DIRECTOR	40 00			X				162,699	0	27,577
(21) MATT ROTHKOPF SENIOR LEARNING CONSULTANT	40 00					X		117,932	0	21,750
(22) ANDRE RISTAINO MANAGING DIRECTOR OF WCI	40 00					X		107,967	0	19,822
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								866,265	0	157,181

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PUBLISHERSPRESS INC PO BOX 37500 LOUISVILLE, KY 40233	PRINTING AND SHIPPING	168,327
DHE COMPUTER SYSTEMS INC 7006 SOUTH ALTON WAY CENTENNIAL, CO 80112	COMPUTER EQUIPMENT AND SUPPLIES	160,779
MARDEV-DM2 2000 CLEARWATER DRIVE OAKBROOK, IL 60523	GLOBAL DATA AND MARKETING SERVICES	132,530
MOBILE CONVENTION CENTER 1 SOUTH WATER STREET MOBILE, AL 36602	ROOM RENTALS AND MEETING SERVICES	117,558
TRANSGROUP WORLDWIDE LOGISTICS PO BOX 69207 SEATTLE, WA 98168	SHIPPING AND DELIVERY	115,732

**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 VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	1,585,170				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	14,710				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	1,599,880				
<b>Program Service Revenue</b>	<b>2a</b>	REGISTRATION FEES	561499	4,715,643	4,715,643		
	<b>b</b>	SPONSORSHIPS	561499	561,669	561,669		
	<b>c</b>	EXHIBITS	561499	473,380	473,380		
	<b>d</b>	ADVERTISING	541800	394,400	328	394,072	
	<b>e</b>						
	<b>f</b>	All other program service revenue		178,608	178,608		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		6,323,700			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		399,651		399,651	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶		862,003	862,003		
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	11,308,929			
			(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses	10,222,919				
<b>c</b>	Gain or (loss)	1,086,010					
<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		1,086,010		1,086,010		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . ▶						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		1,278,452				
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	271,656			
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . ▶	1,006,796	1,006,796		
Miscellaneous Revenue		Business Code					
<b>11a</b>	REIMBURSED EXPENSES	900099	152,954	152,954			
<b>b</b>	BAD DEBTS COLLECTED	900099	5,453	5,453			
<b>c</b>	LOSS ON SUBSIDIARY	900099	-56,606	-56,606			
<b>d</b>	All other revenue . . . . .		22,917	22,917			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		124,718				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		11,402,758	7,923,145	394,072	1,485,661	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	51,100	51,100		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	16,000	16,000		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	755,975	755,975		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	2,983,377	2,078,221	905,156	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	122,178	122,178		
<b>9</b>	Other employee benefits	710,795	534,846	175,949	
<b>10</b>	Payroll taxes	277,216	207,972	69,244	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	22,162	2,578	19,584	
<b>c</b>	Accounting	54,840		54,840	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other	1,715,533	1,421,922	293,611	
<b>12</b>	Advertising and promotion	624,184	545,920	78,264	
<b>13</b>	Office expenses	1,044,065	967,812	76,253	
<b>14</b>	Information technology	160,779		160,779	
<b>15</b>	Royalties	151,751	151,751		
<b>16</b>	Occupancy	124,656		124,656	
<b>17</b>	Travel	249,044	233,048	15,996	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	1,016,192	1,016,192		
<b>20</b>	Interest	44,200		44,200	
<b>21</b>	Payments to affiliates	211,570	211,570		
<b>22</b>	Depreciation, depletion, and amortization	386,697	157,220	229,477	
<b>23</b>	Insurance	94,558	3,315	91,243	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	INDIRECT OVERHEAD	-89,670	1,422,264	-1,511,934	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses	145,732	110,446	35,286	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	10,872,934	10,010,330	862,604	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	800	<b>1</b>	800
	<b>2</b> Savings and temporary cash investments . . . . .	873,630	<b>2</b>	1,723,264
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	783,819	<b>4</b>	864,735
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	117,140	<b>8</b>	121,786
	<b>9</b> Prepaid expenses and deferred charges . . . . .	130,933	<b>9</b>	154,955
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	8,866,031		
	<b>b</b> Less accumulated depreciation . . . . .	5,274,224	3,582,592	<b>10c</b> 3,591,807
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	26,999,293	<b>13</b>	22,500,082
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	628,151	<b>15</b>	691,028
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	33,116,358	<b>16</b>	29,648,457	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	848,589	<b>17</b>	824,545
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,396,156	<b>19</b>	1,373,616
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,514,030	<b>23</b>	3,581,685
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,356,940	<b>25</b>	233,842
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	7,115,715	<b>26</b>	6,013,688
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	24,541,452	<b>27</b>	22,083,052
	<b>28</b> Temporarily restricted net assets . . . . .	1,376,929	<b>28</b>	1,469,005
	<b>29</b> Permanently restricted net assets . . . . .	82,262	<b>29</b>	82,712
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	26,000,643	<b>33</b>	23,634,769	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	33,116,358	<b>34</b>	29,648,457	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,402,758
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,872,934
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	529,824
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,000,643
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,895,698
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	23,634,769

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number

25-0921042

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,620,619	2,109,733	1,857,595	1,841,026	1,599,880	9,028,853
<b>2</b> 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	5,720,922	10,353,537	7,069,027	6,693,982	6,936,424	36,773,892
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	7,341,541	12,463,270	8,926,622	8,535,008	8,536,304	45,802,745
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6)						45,802,745

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	7,341,541	12,463,270	8,926,622	8,535,008	8,536,304	45,802,745
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,527,384	-618,839	-1,566,048	1,944,453	1,261,654	4,548,604
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,527,384	-618,839	-1,566,048	1,944,453	1,261,654	4,548,604
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		3,046,236	1,362,784	540,652	394,072	5,343,744
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	448,436	575,209	468,346	364,925	124,718	1,981,634
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	11,317,361	15,465,876	9,191,704	11,385,038	10,316,748	57,676,727
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	79.410 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	78.550 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	7.890 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	9.430 %

- 19a 33 1/3% support tests—2011.** 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
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 25-0921042  
**Name:** INTERNATIONAL SOCIETY OF AUTOMATION

## Form 990, Special Condition Description:

### Special Condition Description

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

### 4d. Other program services

(Code ) (Expenses \$ 1,573,551 including grants of \$ ) (Revenue \$ 1,048,532 )

PUBLISHING SERVICES THE SOCIETY PUBLISHES AND SELLS BOOKS FOR THE INSTRUMENTATION SYSTEMS, AND AUTOMATION FIELD THE SOCIETY ALSO PUBLISHES AND SELLS A PROFESSION JOURNAL OF TECHNICAL ARTICLES, PUBLISHES A MONTHLY MAGAZINE AND OUTSOURCES ANNUAL DIRECTORY THAT SERVES THE AUTOMATION INDUSTRY IN 2011, 15 NEW BOOK TITLES WERE PUBLISHED AND THE BI-MONTHLY MAGAZINE WAS RECEIVED BY OVER 70,000 INDIVIDUALS OF CONTROLLED CIRCULATION AND SUBSCRIBERS EACH MONTH

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number 25-0921042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	164,197	164,987	162,897	160,897	
<b>b</b> Contributions . . . . .	7,339	7,590	10,090	2,000	
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	6,772	8,380	8,000		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	164,764	164,197	164,987	162,897	

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 50.000 %
- c** Term endowment ▶ 50.000 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		316,260		316,260
<b>b</b> Buildings . . . . .		4,200,060	1,516,022	2,684,038
<b>c</b> Leasehold improvements . . . . .				0
<b>d</b> Equipment . . . . .		3,780,269	3,221,376	558,893
<b>e</b> Other . . . . .		569,442	536,826	32,616
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,591,807

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS	22,500,082	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )	22,500,082	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SECTION AND DISTRICT FUNDS PAYABLE	233,842
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	233,842

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	11,402,758
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	10,872,934
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	529,824
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-2,653,994
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-241,704
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-2,895,698
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-2,365,874

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	8,568,502
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-2,653,994
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-395,347
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-3,049,341
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,617,843
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	-215,085
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-215,085
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	11,402,758

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	11,026,902
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	271,656
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	271,656
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,755,246
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	117,688
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	117,688
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,872,934

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENTS ARE RESTRICTED FOR THE EXECUTIVE BOARD ENDOWMENT, THE HUSTON ENDOWMENT, FOR SCHOLARSHIPS, TO SUPPORT STUDENT ACTIVITIES, AND FUND SPECIFIC AWARDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SOCIETY FILES AS A TAX-EXEMPT ORGANIZATION MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE TAX-EXEMPT STATUS OF THE SOCIETY
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN PLAN ASSETS AND BENEFIT OBLIGATIONS - 311,944 CONTRIBUTIONS OF DONOR RESTRICTED ASSETS 33,551 CONTRIBUTIONS OF ISA MATCH 36,845 OTHER -156 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 241,704
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN PLAN ASSETS AND BENEFIT OBLIGATIONS - 311,944 NON-OPERATING EXPENSE -67,100 NET ASSETS RELEASED FROM RESTRICTION 34,285 DEPRECIATION OF DONATED ASSETS -50,588
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -271,656 RESTRICTED INVESTMENT INCOME 55,965 OTHER 606
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 271,656
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NON-OPERATING EXPENSE 67,100 DEPRECIATION OF DONATED ASSETS 50,588

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number 25-0921042

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Rows include CANADA, ENGLAND, INDIA, ITALY, RUSSIA, and a Sub-total row.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
Use Part V if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**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 . . . . .  \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . .  \_\_\_\_\_



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	CANADA	3	4,000	CHECK		N/A	N/A
SCHOLARSHIP	ENGLAND	1	2,000	CHECK		N/A	N/A
SCHOLARSHIP	INDIA	3	7,500	CHECK		N/A	N/A
SCHOLARSHIP	ITALY	1	1,000	CHECK		N/A	N/A
SCHOLARSHIP	RUSSIA	1	1,500	CHECK		N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  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)*  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, 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)*  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 file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US SCHOLARSHIP APPLICATIONS ARE REVIEWED BY A VOLUNTEER COMMITTEE AND AWARDS ARE MADE ON A COMPETITIVE BASIS TO STUDENTS ENROLLED IN AUTOMATION RELATED CURRICULUMS CHECKS ARE WRITTEN DIRECTLY TO THE INSTITUTION ON THE STUDENT'S BEHALF
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL ACCOUNTING
EXPLANATION FOR ESTIMATED NUMBER OF RECIPIENTS		SCHEDULE F, PART III, COL (C) EXACT NUMBER OF RECIPIENTS LISTED

**Schedule I  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990**

OMB No 1545-0047  
**2011**  
**Open to Public  
Inspection**

Name of the organization  
INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number  
25-0921042

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS	31	51,100			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIP APPLICATIONS ARE REVIEWED BY A VOLUNTEER COMMITTEE AND AWARDS ARE MADE ON A COMPETITIVE BASIS TO STUDENTS ENROLLED IN AUTOMATION RELATED CURRICULUMS CHECKS ARE WRITTEN DIRECTLY TO THE INSTITUTION ON THE STUDENT'S BEHALF

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number  
25-0921042

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>	Yes									
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	Yes									
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK GOUHIN	(i)	235,296	40,608	35,113	27,122	19,147	357,286	0
	(ii)	0	0	0	0	0	0	0
(2) KENNETH HILGERS	(i)	113,236	21,750	31,664	33,732	8,031	208,413	0
	(ii)	0	0	0	0	0	0	0
(3) TIM FELDMAN	(i)	135,015	21,856	5,828	17,257	10,320	190,276	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PART I, LINE 4B PATRICK GOUHIN AND KEN HILGERS PARTICIPATED IN, BUT DID NOT RECEIVE PAYMENT FROM, A 457(B) RETIREMENT PLAN. HIS CONTRIBUTIONS ARE INCLUDED IN THE TOTAL LISTED IN PART II, COLUMN C, "RETIREMENT COMPENSATION"
	PART I, LINE 5	SALES STAFF RECEIVE A COMMISSION ON SALES AS PART OF THEIR COMPENSATION ARRANGEMENT
	PART I, LINE 7	THE CEO AND SENIOR MANAGEMENT TEAM RECEIVE PART OF THEIR COMPENSATION IN THE FORM OF A BONUS BASED ON ACHIEVING CERTAIN FINANCIAL AND NON-FINANCIAL PERFORMANCE TARGETS



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
INTERNATIONAL SOCIETY OF AUTOMATION

**Employer identification number**

25-0921042

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP CLASSES INCLUDE REGULAR, SENIOR, FELLOW, LIFE, HONORARY, STUDENT
	FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT, TREASURER, AND THE DEPARTMENT VICE PRESIDENTS ARE ELECTED BY THE COUNCIL OF SOCIETY DELEGATES, WHICH IS A GROUP OF MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	THE COUNCIL OF SOCIETY DELEGATES CONTROLS THE GENERAL POLICIES OF THE SOCIETY THROUGH ITS POWERS TO NOMINATE AND ELECT OFFICERS, TO AMEND THE BYLAWS, AND TO REVIEW THE ANNUAL REPORTS OF OFFICERS EACH ACTIVE SECTION APPOINTS A MEMBER TO THE COUNCIL OF SOCIETY DELEGATES EACH DELEGATE HAS ONE VOTE
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WAS REVIEWED BY MANAGEMENT AND THE TREASURER ON BEHALF OF THE COMPENSATION COMMITTEE PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	PRIOR TO THE START OF EACH NEW YEAR, ISA BOARD MEMBERS RECEIVE A LETTER FROM THE EXECUTIVE DIRECTOR THAT OUTLINES THEIR LEGAL RESPONSIBILITIES AS BOARD MEMBERS, INCLUDES A COPY OF THE CONFLICT OF INTEREST POLICY, AND INCLUDES A CONFIRMATION PAGE THAT THEY MUST SIGN AND RETURN CONFIRMING THEY HAVE READ AND UNDERSTAND THE POLICY AN ISA LEADER HAS AN OBLIGATION TO BE ALERT TO ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IF A TRANSACTION IS OR MAY BE SUBJECT TO REVIEW BY AN ISA GOVERNING BODY, AN INTERESTED ISA LEADER WILL PROMPTLY DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO, AND ABSTAIN FROM ANY PARTICIPATION IN THE DISCUSSION OR DECISION OF, THE RESPECTIVE GOVERNING BODY WITH RESPECT TO THAT TRANSACTION AFTER DISCLOSURE OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE INTERESTED ISA LEADER SHALL LEAVE THE MEETING AND THE REMAINING MEMBERS SHALL DETERMINE IF A CONFLICT OF INTEREST ACTUALLY EXISTS THE DISCLOSURE SHALL BE COMMUNICATED BY THE INTERESTED ISA LEADER IN A NEUTRAL CONTEXT, THAT IS, THE INTERESTED ISA LEADER WILL NOT STATE ANY POSITION OR ADVOCATE THE ADOPTION OF ANY POSITION ON THE TRANSACTION IN HIS OR HER INITIAL DISCLOSURE CONCERNING THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST THEREAFTER, IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INTERESTED ISA LEADER WILL REFRAIN FROM INITIATING ANY DISCUSSIONS, PUBLICLY AND PRIVATELY, REGARDING THE TRANSACTION WITH OTHER MEMBERS OF THE GOVERNING BODY THAT WILL MAKE ANY DECISION CONCERNING THE TRANSACTION THE GOVERNING BODY WILL GIVE THE INTERESTED ISA LEADER A FAIR AND APPROPRIATE OPPORTUNITY TO SUBMIT A WRITTEN POSITION STATEMENT REGARDING THE TRANSACTION TO THE GOVERNING BODY BEFORE CONSIDERATION OF THE TRANSACTION IS CONCLUDED, BUT THE INTERESTED ISA LEADER SHALL INITIATE NO OTHER DISCUSSIONS OR PARTICIPATION IN THE DECISION MAKING PROCESS THE GOVERNING BODY SHALL HAVE COMPLETE AUTHORITY TO ASCRIBE WHATEVER WEIGHT IT DEEMS APPROPRIATE TO THE INTERESTED ISA LEADER'S WRITTEN STATEMENT IN LIGHT OF THE DISCLOSED CONFLICT OF INTEREST ISA LEADERS SHOULD SEEK THE ADVICE OF THE EXECUTIVE DIRECTOR, ISA COUNSEL, OR THE PRESIDENT ON APPROPRIATE DISCLOSURES TO THE RESPECTIVE GOVERNING BODY BEFORE MAKING THE DISCLOSURE TO THE ENTIRE BODY IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE ISA GOVERNING BODY OVERSEEING THE DECISION WILL INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT THAT DO NOT INVOLVE ANY CONFLICTS OF INTEREST THE ISA GOVERNING BODY MUST DETERMINE, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THE ALTERNATIVE THAT IS IN ISA'S BEST INTEREST AND THAT IS FAIR AND REASONABLE
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, WHICH REPRESENTS THE EXECUTIVE BOARD, REVIEWS THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO ANNUALLY A FORMAL WRITTEN PERFORMANCE APPRAISAL IS COMPLETED AND A FACE TO FACE MEETING IS HELD BETWEEN THE COMPENSATION COMMITTEE AND EXECUTIVE DIRECTOR/CEO EACH YEAR EXECUTIVE COMPENSATION IS REVIEWED AGAINST INDUSTRY DATA PROVIDED BY SALARY SURVEYS CONDUCTED BY ASAE (AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES), CESSE (COUNCIL OF ENGINEERING AND SCIENTIFIC SOCIETY EXECUTIVES), AND CAPITAL ASSOCIATES TO CONFIRM THAT EXECUTIVE COMPENSATION FALLS WITHIN INDUSTRY NORMS THIS LAST REVIEW WAS CONDUCTED IN 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST OR THROUGH THEIR ORGANIZATIONAL WEBSITE, WWW.ISA.ORG
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,653,994 CHANGE IN PLAN ASSETS AND BENEFIT OBLIGATIONS -311,944 CONTRIBUTIONS OF DONOR RESTRICTED ASSETS 33,551 CONTRIBUTIONS OF ISA MATCH 36,845 OTHER -156 TOTAL TO FORM 990, PART XI, LINE 5 -2,895,698
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR
	FORM 990, PART VII, DESCRIPTION OF HOURS FOR RELATED ORGANIZATIONS	OFFICERS LISTED ON PART VII WORK AN AVERAGE OF 40 HOURS PER WEEK THEIR TIME IS SHARED BETWEEN THE FILING ORGANIZATION AND THE RELATED ENTITIES LISTED ON SCHEDULE R

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
INTERNATIONAL SOCIETY OF AUTOMATION

**Employer identification number**

25-0921042

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
<b>(1)</b> AUTOMATION STANDARDS COMPLIANCE INSTITUTE 67 ALEXANDER DR RESEARCH TRIANGLE PARK, NC 27709 26-0811966	AUTOMATION STANDARDS COMPLIANCE TESTING	NC	501(C)(6)	N/A	N/A	Yes	
<b>(2)</b> ISA INDIA SOCIETY C/O VIJAYKUMAR H MODI 5B 2ND FLO MUMBAI 400023 IN	MEMBER SERVICES	IN	N/A	N/A	N/A		No
<b>(3)</b> ISA EUROPE FOUNDATION DE ZAALE 11 AJ EINDHOVEN 5612 NL	TRAINING SERVICE	NL	N/A	N/A	N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> AUTOMATION STANDARDS COMPLIANCE INSTITUTE	D	29,469	INTERCOMPANY TRANSFER
<b>(2)</b> AUTOMATION STANDARDS COMPLIANCE INSTITUTE	O	257,199	INTERCOMPANY INVOICES
<b>(3)</b> ISA EUROPE FOUNDATION	D	210,949	INTERCOMPANY TRANSFER
<b>(4)</b> ISA INDIA SOCIETY	D	37,146	INTERCOMPANY TRANSFER
<b>(5)</b>			
<b>(6)</b>			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**