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SCANNED JUN 10 2020

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

**2012**

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☒ Amended return  
☐ Application pending

**C** 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)

67 ALEXANDER DRIVE, PO BOX 12277

Room/suite

City, town, or post office, state, and ZIP code

RESEARCH TRIANGLE, NC 27709

**F** Name and address of principal officer

SAME AS C ABOVE

**D** Employer identification number

25-0921042

**E** Telephone number

919-549-8411

**G** Gross receipts \$ 25,862,264.

**H(a)** Is this a group return

for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: WWW.ISA.ORG

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation 1945 **M** State of legal domicile: NC

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO ADVANCE THE KNOWLEDGE AND PRACTICE RELATED TO THE SCIENCES AND TECHNOLOGIES OF AUTOMATION.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	61
	6	Total number of volunteers (estimate if necessary)	6	1200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	447,647.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,599,880.	1,698,901.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,323,700.	5,761,984.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 7c, 8, 9, 10, and 11e)	1,485,661.	722,937.
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,993,517.	2,182,963.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,402,758.	10,366,785.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	67,100.	106,620.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,849,541.	4,718,966.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,956,293.	5,898,068.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	10,872,934.	10,723,654.
	19	Revenue less expenses - Subtract line 18 from line 12	529,824.	-356,869.
	Net assets or fund balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	29,648,457.	30,617,675.
22		Net assets or fund balances - Subtract line 21 from line 20	6,013,688.	6,022,000.
			23,634,769.	24,595,675.

## 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.

Sign Here	Signature of officer	Date
	JON DIPIETRO, ISA TREASURER	1/27/20
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	ED MARTIN	1/27/20
	Firm's name	Firm's EIN
	CLIFTONLARSONALLEN LLP	41-0746749
	Firm's address	Phone no.
	4601 SIX FORKS ROAD, SUITE 350 RALEIGH, NC 27609	919-781-3581

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

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

☒ **X****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

**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 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 \$ 3,841,434. including grants of \$ ) (Revenue \$ 3,894,643. )  
**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, PUBLIC SITES THROUGHOUT THE COUNTRY, CLIENT FACILITIES THROUGHOUT THE WORLD, AND DISTANCE LEARNING THROUGH INTERNET OFFERINGS. 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 2012, 271 TRAINING COURSES WERE CONDUCTED AND

**4b** (Code ) (Expenses \$ 2,290,407. including grants of \$ 106,620. ) (Revenue \$ 719,499. )  
**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 33,368 MEMBERS AT THE END OF THE YEAR AND 39,086 ACTIVE TECHNICAL DIVISION MEMBERS.

**4c** (Code ) (Expenses \$ 1,945,872. including grants of \$ ) (Revenue \$ 1,796,901. )  
**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.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 1,634,017. including grants of \$ ) (Revenue \$ 1,086,257. )

**4e** Total program service expenses **9,711,730.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
3 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>	<b>3</b>	X
4 <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>	<b>4</b>	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
7 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>	<b>7</b>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
10 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>	<b>10</b> X	
11 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		
a 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>	<b>11a</b> X	
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>	<b>11b</b>	X
c 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>	<b>11c</b> X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
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 and XII is optional</i>	<b>12b</b> X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
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, Parts I and IV</i>	<b>14b</b> X	
15 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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
16 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
18 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>	<b>18</b>	X
19 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>	<b>19</b>	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	118	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	61	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	16	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **ANTHONY FRAGNITO - 919-990-9438**  
**67 ALEXANDER DRIVE, PO BOX 12277, RESEARCH TRIANGLE, NC 27709**

**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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) LEO STAPLES, JR. PAST PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(2) ROBERT LINDEMAN PRESIDENT	5.00	X		X				0.	0.	0.
(3) CATHERINE ANDREWS VICE PRESIDENT	5.00	X						0.	0.	0.
(4) RANDY BUCHANAN VICE PRESIDENT	5.00	X						0.	0.	0.
(5) WILLIAM STANGE PARLIAMENTARIAN	5.00	X						0.	0.	0.
(6) GARY CAMPBELL VICE PRESIDENT	5.00	X						0.	0.	0.
(7) JOHN CAMPBELL VICE PRESIDENT	5.00	X						0.	0.	0.
(8) TERRANCE IVES PRESIDENT-ELECT, SECRETARY	5.00	X		X				0.	0.	0.
(9) JAMES KEAVENEY TREASURER	5.00 2.00	X		X				0.	0.	0.
(10) DONALD DUNN VICE PRESIDENT	5.00 2.00	X						0.	0.	0.
(11) JEAN-PIERRE HAUET VICE PRESIDENT	5.00	X						0.	0.	0.
(12) GREG LEHMANN VICE PRESIDENT	5.00	X						0.	0.	0.
(13) STEVEN PFLANTZ VICE PRESIDENT	5.00	X						0.	0.	0.
(14) JOSE JOURGE DEALBUQUERQUE RAMOS VICE PRESIDENT	5.00	X						0.	0.	0.
(15) PHILIP REPPERT VICE PRESIDENT	5.00	X						0.	0.	0.
(16) DEBASHIS SADUKHAN VICE PRESIDENT	5.00	X						0.	0.	0.
(17) WILLIAM WALSH 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 (list any hours for related organizations below line)	(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	38.00 2.00	X		X				313,683.	0.	48,727.
(19) KENNETH HILGERS DIRECTOR	40.00				X			168,437.	0.	47,168.
(20) TIM FELDMAN DIRECTOR	40.00				X			163,456.	0.	28,374.
(21) DALTON WILSON EDUCATION CERTIFICATION EVENTS MANAG	40.00					X		101,432.	0.	21,994.
(22) MATT ROTHKOPF SENIOR LEARNING CONSULTANT	40.00					X		101,020.	0.	28,679.
(23) ANDRE RISTAINO MANAGING DIRECTOR OF WCI	40.00					X		111,283.	0.	25,419.
<b>1b Sub-total</b>								959,311.	0.	200,361.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								959,311.	0.	200,361.

**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 **6**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**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
TMA RESOURCES 1919 GALLOWS ROAD STE 400, VIENNA, VA 22182	SOFTWARE WITH CONSULTING AND INSTA	308,977.
BUSINESS RISK MANAGEMENT CONSULTING 620 SELLERS AVENUE, BRENTWOOD, CA 94513	CONSULTING PLUS EXPENSE REIMBURSEMEN	255,823.
MARDEV-DM2 7TH FLOOR, LOMBARD, IL 60148	GLOBAL DATA AND MARKETING SERVICES	171,353.
CASTLE WORLDWIDE, INC, 900 PERIMETER PARK DRIVE, STE G, MORRISVILLE, NC 27560-0570	LOCATION AND SERVICES LIKE GRADIN	152,710.
PUBLISHERSPRESS INC P O BOX 37500, LOUISVILLE, KY 40233	PRINTING AND SHIPPING	135,768.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>7</b>		



**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	1,545,770.			
	<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>	153,131.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		118,909.			
	<b>h Total.</b> Add lines 1a-1f		1,698,901.			
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2 a</b> REGISTRATION FEES	561499	4,299,046.	4,299,046.		
	<b>b</b> SPONSORSHIPS	561499	511,776.	511,776.		
	<b>c</b> ADVERTISING	541800	447,697.	50.	447,647.	
	<b>d</b> EXHIBITS	561499	330,857.	330,857.		
	<b>e</b>					
	<b>f</b> All other program service revenue	511120	172,608.	172,608.		
	<b>g Total.</b> Add lines 2a-2f		5,761,984.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		490,371.			490,371.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		978,471.	978,471.		
		(i) Real (ii) Personal				
	<b>6 a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		15,544,776.				
	<b>b</b> Less cost or other basis and sales expenses		15,312,210.			
	<b>c</b> Gain or (loss)		232,566.			
	<b>d</b> Net gain or (loss)		232,566.			232,566.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances		1,196,787.			
<b>b</b> Less cost of goods sold		183,269.				
<b>c</b> Net income or (loss) from sales of inventory		1,013,518.	1,013,518.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> REIMBURSED EXPENSES	900099	144,257.	144,257.			
<b>b</b> GAIN ON SUBSIDIARY	900099	23,298.	23,298.			
<b>c</b> BAD DEBTS COLLECTED	900099	3,414.	3,414.			
<b>d</b> All other revenue	900099	20,005.	20,005.			
<b>e Total.</b> Add lines 11a-11d		190,974.				
<b>12 Total revenue.</b> See instructions.		10,366,785.	7,497,300.	447,647.	722,937.	

**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).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	79,820.	79,820.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	26,800.	26,800.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	769,843.	769,843.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,579,192.	1,780,334.	798,858.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,510.	75,510.		
9 Other employee benefits	1,022,977.	775,576.	247,401.	
10 Payroll taxes	271,444.	204,199.	67,245.	
11 Fees for services (non-employees)				
a Management				
b Legal	22,034.	4,631.	17,403.	
c Accounting	53,635.		53,635.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,686.		43,686.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,949,192.	1,466,147.	483,045.	
12 Advertising and promotion	550,320.	477,808.	72,512.	
13 Office expenses	933,150.	880,721.	52,429.	
14 Information technology				
15 Royalties	255,607.	255,607.		
16 Occupancy	141,367.	34,337.	107,030.	
17 Travel	250,779.	238,588.	12,191.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	966,896.	966,896.		
20 Interest	48,458.		48,458.	
21 Payments to affiliates	188,223.	188,223.		
22 Depreciation, depletion, and amortization	366,877.	143,402.	223,475.	
23 Insurance	93,737.	2,084.	91,653.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>INDIRECT OVERHEAD</b>	-96,179.	1,234,348.	-1,330,527.	
b				
c				
d				
e All other expenses	130,286.	106,856.	23,430.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,723,654.	9,711,730.	1,011,924.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	800.	1	800.
	2 Savings and temporary cash investments	1,723,264.	2	3,586,438.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	864,735.	4	755,006.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	121,786.	8	140,442.
	9 Prepaid expenses and deferred charges	154,955.	9	118,567.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,774,606.		
	b Less accumulated depreciation	10b 5,641,102.	10c	4,133,504.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	22,500,082.	13	21,113,073.
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	691,028.	15	769,845.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,648,457.	16	30,617,675.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	824,545.	17	872,381.
	18 Grants payable		18	
	19 Deferred revenue	1,373,616.	19	1,361,512.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,581,685.	23	3,560,365.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	233,842.	25	227,742.
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,013,688.	26	6,022,000.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		22,083,052.	27	22,987,625.
28 Temporarily restricted net assets		1,469,005.	28	1,524,788.
29 Permanently restricted net assets		82,712.	29	83,262.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		23,634,769.	33	24,595,675.
34 <b>Total liabilities and net assets/fund balances</b>		29,648,457.	34	30,617,675.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,366,785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,723,654.
3	Revenue less expenses Subtract line 2 from line 1	3	-356,869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,634,769.
5	Net unrealized gains (losses) on investments	5	1,317,775.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,595,675.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 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	<input checked="" type="checkbox"/>	
3a 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?		<input checked="" type="checkbox"/>
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		

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number	25-0921042
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<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 described in **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 - Non-functionally integrated

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 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
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2012.</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 - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</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 - 2011.</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"/>		
18 <b>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"/>		

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,109,733.	1,857,595.	1,841,026.	1,599,880.	1,698,901.	9,107,135.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,353,537.	7,069,027.	6,693,982.	6,936,424.	6,511,124.	37,564,094.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,463,270.	8,926,622.	8,535,008.	8,536,304.	8,210,025.	46,671,229.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						46,671,229.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	12,463,270.	8,926,622.	8,535,008.	8,536,304.	8,210,025.	46,671,229.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-618,839.	-1,566,048.	1,944,453.	1,261,654.	1,468,842.	2,490,062.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	-618,839.	-1,566,048.	1,944,453.	1,261,654.	1,468,842.	2,490,062.
11 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.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	575,209.	468,346.	364,925.	124,718.	190,974.	1,724,172.
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,465,876.	9,191,704.	11,385,038.	10,316,748.	9,869,841.	56,229,207.

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	83.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	79.41 %

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	4.43 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	7.89 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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 ☐

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2012**Open to Public  
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**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
1a Beginning of year balance	164,764.	164,197.	164,987.	162,897.	160,897.
b Contributions	8,066.	7,339.	7,590.	10,090.	2,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	7,391.	6,772.	8,380.	8,000.	
f Administrative expenses					
g End of year balance	165,439.	164,764.	164,197.	164,987.	162,897.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 50.00 %c Temporarily restricted endowment ☒ 50.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII 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
1a Land		312,895.		312,895.
b Buildings		4,200,060.	1,627,486.	2,572,574.
c Leasehold improvements				
d Equipment		3,961,423.	3,423,784.	537,639.
e Other		1,300,228.	589,832.	710,396.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,133,504.

Schedule D (Form 990) 2012

**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must 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	21,113,073.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 21,113,073.		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2) SECTION FUNDS PAYABLE	227,742.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 227,742.	

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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

**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.

**PART X, LINE 2: 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.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Employer identification number

INTERNATIONAL SOCIETY OF AUTOMATION

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 its grants and other 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 its grants and other assistance outside the United States.

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CANADA	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	13,000.
INDIA	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	5,300.
RUSSIA	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	4,000.
BRAZIL	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	500.
MEXICO	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	3,000.
ROMANIA	0	0	SCHOLARSHIP GRANTS	ISA ISSUES SCHOLARSHIP AWARDS TO STUDENTS FROM OUTSIDE THE US	1,000.
<b>3 a Sub-total</b>	0	0			26,800.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	0	0			26,800.

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

Schedule F (Form 990) 2012



**[Part III] Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) 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	4	13,000	CHECK	0	N/A	N/A
SCHOLARSHIP	INDIA	4	5,300	CHECK	0	N/A	N/A
SCHOLARSHIP	RUSSIA	1	4,000	CHECK	0	N/A	N/A
SCHOLARSHIP	BRAZIL	1	500	CHECK	0	N/A	N/A
SCHOLARSHIP	MEXICO	1	3,000	CHECK	0	N/A	N/A
SCHOLARSHIP	ROMANIA	1	1,000	CHECK	0	N/A	N/A

Schedule F (Form 990) 2012

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ 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

Schedule F (Form 990) 2012

<b>Part V</b>	<b>Supplemental Information</b>
---------------	---------------------------------

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

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.

SCHEDULE F, PART I, LINE 3: ACCRUAL ACCOUNTING

SCHEDULE F, PART III, COL (C): EXACT NUMBER OF RECIPIENTS LISTED



Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

**Employer identification number**  
**25-0921042**

## INTERNATIONAL SOCIETY OF AUTOMATION

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. Part II can be duplicated if additional space is needed.
---------	---

[illegible]

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

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

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	49	73,820.	0.		

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

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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public Inspection

Name of the organization

INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number  
25-0921042

**Part I Questions Regarding Compensation**

**1a** 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

- |  |  |
|--|--|
| <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) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** 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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 |

**4** 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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** 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.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** 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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** 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

**8** 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

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. THEIR 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 M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**INTERNATIONAL SOCIETY OF AUTOMATION**

Employer identification number

**25-0921042**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>EQUIPMENT</u> )	<b>X</b>	<b>3</b>	<b>118,909.</b>	<b>FMV</b>
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>

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

Schedule M (Form 990) (2012)

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

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Inspection

Name of the organization

INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number

25-0921042

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 CONFERENCES AND EXHIBITIONS FOR

AUTOMATION PROFESSIONALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THESE COURSES WERE ATTENDED BY 1858 INDIVIDUALS. THE SOCIETY DERIVES

REVENUE FROM CERTIFICATIONS BY CHARGING FEES TO PARTICIPANTS FOR

APPLICATIONS AND RENEWALS. IN 2012 TOTAL NEW CERTIFICATION (CCST AND

CAP) APPLICATIONS WERE 779 AND 792 PARTICIPANTS RENEWED THEIR

CERTIFICATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLISHING SERVICES

THE SOCIETY PUBLISHES AND SELLS BOOKS FOR THE INSTRUMENTATION SYSTEMS,

AND AUTOMATION FIELD. THE SOCIETY ALSO PUBLISHES AND SELLS A

PROFESSIONAL JOURNAL OF TECHNICAL ARTICLES, PUBLISHES A MONTHLY

MAGAZINE AND OUTSOURCES AN ANNUAL AN DIRECTORY THAT SERVES THE

AUTOMATION INDUSTRY. IN 2012, 12 NEW PRODUCTS WERE PUBLISHED AND THE

BI-MONTHLY MAGAZINE WAS RECEIVED BY OVER 65,000 INDIVIDUALS OF

CONTROLLED CIRCULATION AND SUBSCRIBERS EACH MONTH.

EXPENSES \$ 1,634,017. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,086,257.



Name of the organization

INTERNATIONAL SOCIETY OF AUTOMATION

Employer identification number

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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

Name of the organization

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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.

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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 2012.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	1,466,147.
MANAGEMENT AND GENERAL EXPENSES	483,045.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,949,192.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,949,192.

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

Name of the organization

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INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT  
PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

FORM 990, PAGE 1, BOX B

FORM 990 HAS BEEN AMENDED TO INCLUDE FORM 5471 FOR ISA INDIA AND ISA  
EUROPE.

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)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► 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.

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
AUTOMATION STANDARDS COMPLIANCE INSTITUTE - 26-0811966, 67 ALEXANDER DR., RESEARCH TRIANGLE PARK, NC 27709	AUTOMATION STANDARDS COMPLIANCE TESTING	NORTH CAROLINA	501(C)(6)	N/A	N/A		X
ISA INDIA SOCIETY C/O VIJAYKUMAR H. MODI, 5B, 2ND FLOOR, BHARA MUMBAI, INDIA 400023	MEMBER SERVICES	INDIA	N/A	N/A	N/A		X
ISA EUROPE FOUNDATION DE ZAALE 11 AJ EINDHOVEN, NETHERLANDS 5612	TRAINING SERVICE	NETHERLANDS	N/A	N/A	N/A		X

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

Schedule R (Form 990) 2012



**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AUTOMATION STANDARDS COMPLIANCE INSTITUTE	L	276,145.	INTERCOMPANY INVOICES
(2) ISA EUROPE FOUNDATION	D	215,327.	INTERCOMPANY TRANSFER
(3)			
(4)			
(5)			
(6)			





<b>Part VII</b>	<b>Supplemental Information</b>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]