Extended to February 18, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

www.irs.gov/Form990 for instructions and the latest information

Open to Public

Inter	nal Reve	nue Service	► Go to www.irs.gov	/Form990 1	for instructions ar	nd the late	est informati	on.	Inspection	
A F	For th	e 2018 calend	dar year, or tax year beginning A	PR 1,	2018 and	dending	MAR 31	, 2019		
В	Check if	C Name o	of organization				D Emple	oyer identifi	cation number	_
а	applicab	Inst	itute of Industria	l and	Systems					
	Addre		neers, Inc.		•					
	Name		pusiness as	-				13-1	926850	
<u> </u>	Initial		r and street (or P.O box if mail is not de	livered to stre	aet address)	Room/sur	te E Teleni	none numbe		
$\vdash$	Final		7 Parkway Lane, Bui		•	200	ic E Telepi	(770		
ь.	return termii	· .				200	100		7,826,708	_
_	ated ∏Amen		town, state or province, country, and	ZIP or tore	ign postal code		G Gross re			<u> </u>
$\vdash$	⊒return ⊒Applid Ition		cross, GA 30092					ns a group re		_
_	⊥tion pendi	na l	and address of principal officer Don	Greer	ie			subordinates		
			as C above				<b>─</b> ⅓ ※	II subordinates ir		io
		empt status <sup>.</sup>		(insert n	io.) 4947(a)(1)	or 5			list. (see instructions)	
			iise.org						n number	
				sociation	Other -	L Ye	ar of formation	: 1948 <sub>  N</sub>	State of legal domicile: G	<u>3A</u>
Pa	art I	Summary							<del></del> -	
ø	1		be the organization's mission or most							
Governance			ting opportunities							
eru	2	Check this bo	ox 🕨 📖 if the organization disco	ntinued its	operations or dispo	osed of mo	ore than 25%	of its net as	ı	
Š	3	Number of vo	ting members of the governing body	(Part VI, line	e 1a)			3	1	<u> 10</u>
ত প্র	4	Number of inc	dependent voting members of the go	verning boo	dy (Part VI, line 1b)			4		<u>L O</u>
es	5	Total number	of individuals employed in calendar y	year 2018 (F	Part V, line 2a)			5		26
Σ	6	Total number	of volunteers (estimate if necessary)					6	305	
Activities &	7 a	Total unrelate	ed business revenue from Part VIII, <u>co</u>	olumn (C), lii	ne 12			7a	148,115	<u> </u>
_	<u>b</u>	Net unrelated	business taxable income from Form	990-Toline/	88-11/15	7		7b_	<u>-205,405</u>	<u>.</u>
			1		PEIVED		Prior		Current Year	
ē	8	Contributions	and grants (Part VIII, line 1h)	5		31 L		2,464.	50,128	
aun	9	Program serv	and grants (Part VIII, line 1h)	I DEC	3 0 2019	6) L		1,162.	<u>5,229,520</u>	<u>) .</u>
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4	and 7d)	N N N N N N N N N N N N N N N N N N N	'I L	28	<u>9,158.</u>	213,810	<u>) .</u>
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d 8c	, 9 <b>0)</b> (%, ja	net Ne) LET	1 L		<u>, `, 0.</u>	60,828	<u> </u>
	12		- add lines 8 through 11 (must equal					2',784.	5,554,286	<u> </u>
	13	Grants and si	milar amounts paid (Part IX, column (	A), lines 1-3	3)	L	8	<u>0,705.</u>	71,090	
	14	Benefits paid	to or for members (Part IX, column (A	A), line 4)				. 0	, \ 0	
S	15	Salaries, othe	r compensation, employee benefits (	Part IX, colu	umn (A), lines 5-10)		2,61	<u>3,380.</u>	2,543,658	<u> </u>
ısı	16a	Professional 1	fundraising fees (Part IX, column (A),	line 11e)				, 0.	, γ 0	<u>) .</u>
Expenses	ь	Total fundrais	ing expenses (Part IX, column (D), lin	e 25)		0.				
ú	17	Other expens	es (Part IX, column (A), lines 11a-11d	, 11f-24e)			2,72	5,155.	2,940,671	L.
	18	Total expense	es. Add lines 13-17 (must equal Part I	X, column (	A), line 25)		5,41	9,240.	5,555,419	€.
	19		expenses Subtract line 18 from line					3,544.	-1,133	3.
Ses							Beginning of C		End of Year	
ages	20	Total assets (	Part X, line 16)			Γ		1,311.	6,409,879	<del>.</del>
Net Assets or Fund Balances	21	•	s (Part X, line 26)					1,520.	2,810,789	
훒	22		rund balances Subtract line 21 from	line 20				9,791.	3,599,090	
Pa	art II	Signatur	***=							_
		alties of certic vi	' 'eclare that I have examined this return,	including ac	companying schedul	es and state	ments, and to	the best of m	y knowledge and belief, it is	S
			eglaration preparer (other than office							
		1	Wal Von			<del></del>			-12-19	
Sign	n	Signatur	e of officer				D	ate		_
Her		Don	Greene, Executive	Direct	or					
	•		print name and title	<u> </u>						
		Print/Type pre	parer's name	Preparer's s	sionature		Date	Check	PTIN	
Paid	١	, , ,	Thompson	QUILLY	n. Skowps	01.	11/27/20	19 If self-employe	P00719770	i
Prep		Firm's name	▶ Jones and Kolb	TANKAN .		<del></del>	<del></del>	ırm's EIN	58-1763570	— 1
-	Only		3475 Piedmont Ro	ad NE	Suite 15	0.0	- +-			_
	J,	1 1111 3 800163	Atlanta	~~ HD,	Durce 13		٩	hone no ( 4	04)262-7920	
May	the II	RS discusse the	s return with the preparer shown abo	ove? (see in	structions)					 lo
	01 12-3		For Paperwork Reduction Act Notice			ions			Form <b>990</b> (201	_
0320	0 1 12-3	11-10 FILT	or approved the auction Act Notice	, uic	Separate manuel					-,

See Schedule O for Organization Mission Statement Continuation

Form 990 (2018)

Institute of Industrial and Systems
Form 990 (2018) Engineers, Inc.
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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? If "Yes," complete Schedule D, Part VIII	11c		Х
А	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 <u>1f</u>		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ł	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? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		]	
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (2018) Engineers, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	_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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		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	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-21
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X_	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 90			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQO	(2018)
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>
	filed for the calendar year ending with or within the year covered by this return 2a 26			i
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	- '
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ĺ		7
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			١.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<b></b>	]
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			P
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15_		<u> X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	16	-	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
	If "Yes," complete Form 4720, Schedule O	Form	990	(2018)
				,)

Form 990 (2018) Engineers, Inc. 13-1926850 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  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 1a 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. 10 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b X and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO. Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed >GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records J.J. Koran - (770) 349-1111

Norcross,

30092

3577 Parkway Lane, Bldg 5, Ste 200,

Engineers, Inc.

13-1926850

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

Check if Schedule O contains a response or note to any line 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 (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	unless person is both an er and a director/trustee)			h an	compensation	compensation	amount of
	week	├	cer an	dad	recto	ortrus	(ee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 8	stee			nsate		(W-2/1099-MISC)	(17 27 1000 111100)	organization
	organizations	T TES	Institutional trustee		oyee	Highest compensated employee		,		and related
	below	vdua	tutto	둉	Key employee	hest c	Former			organizations
	line)	를	ısı	Officer	ě.	훈통	For			
(1) Tim McGlothlin	1.00								`	1 7 0
President	1 00	X		X				/ < 0.		/ Y 0.
(2) Jamie Rogers	1.00							1 × 0	0	1 ₹ 0.
President - Elect	1 00	X				├		<u> </u>	<u> </u>	<u> </u>
(3) Joseph Hartman	1.00	,,						1 × 0.	/ ×0.	1 < 0.
Immediate Past President	1.00	X	├		-				( , < 0 •	1 0.
(4) Ann (Amy) Bisantz	1.00	x	l					/ × o.	$i \times 0$ .	/ × o.
Sr. VP - Academic	1.00	^			_	-			7 .00	, 0.
(5) Cole Smith	1.00	X						( × o.	, ×0.	/ 🔨 0.
Sr. VP - Continuing Education  (6) Richard Wilkinson	1.00	Λ						1 0.	1	
Sr. VP - Industry	1.00	X						; × o.	, < 0.	/ Y o.
(7) Eileen Van Aken	1.00									
Sr. VP - International	2000	x						/ × 0.	ı ∀ 0.	, X o.
(8) Candi Yano	1.00							1		
Sr, VP - Publications		Х				'			/_ <sup>×</sup> 0.	/ ₹ 0.
(9) Kevin Taaffe	1.00							,		1.,
Sr. VP - Regional Operations		X		<u> </u>				1 > 0.	1 `0.	140.
(10) Amanda Mewborn	1.00							1-50	1 1	176
Sr, VP - Technical Operations		X						1 0.	_ ! <b>∠</b> o.	/ `0.
(11) Don Greene	40.00								. / -	.= ===
Chief Executive Officer	<del>-</del>	_		X	L	<u> </u>		297,487.	! <0.	67,798.
(12) Donna Calvert	40.00	1						104 250	1 %0.	04 706
Chief Operating Officer	1000	-		X	_			194,352.		24,796.
(13) J.J. Koran	40.00	-		,				124 224		21 750
Finance and IT Manager	40.00	-	-	X	-	-		134,224.	·	31,759.
(14) Douglas Long	40.00	1				x		152,126.	10.	44,140.
Manager		-	<b> </b>	-	-	^	_	132,126.	· · · · · ·	44,140.
		1							<b>•</b>	
		-	<del>                                     </del>	1		+				
	_	1								
		t		<b>†</b> **	H		<u> </u>			
	_	1			1					

Form 990 (2018)

Engineers. Inc.

	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)			
	(A)	(B)			((				(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	E	stimat	ed
		hours per	box	, unle	ss pe	rson (	than o	n an	compensation	compensation	a	mount	of
		week	<del></del>	cer an	dad	recto	r/trus	ee)	from	from related		other	
		(list any hours for	Individual trustee or director						the	organizations		npens	
		related	D To a	E E			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC		from th ganıza	
		organizations	ruste	l tros		ee/	m me		(***271033****1100)			nd rela	
		below	le de	institutional trustee	 	Key employee	est co	₽				janizat	
		line)	횰	Instr	Officer	Key e	Highest compensate employee	Former					
	-												
										<del></del>			
													-
				_									
			-										
	······································	-									-		
1b	Sub-total							<b>&gt;</b>	778,189.			<u>8,4</u>	93.
C	Total from continuation sheets to Part V	II, Section A					ا	<b>&gt;</b>	, <0.		0.	<u>/ ×</u>	0.
d	Total (add lines 1b and 1c)							<u> </u>	778,189.	1.3	0. 1	8,4	<u>93.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable			
	compensation from the organization	<del></del> -										Yes	4 No
_											·	res	NO
3	Did the organization list any former officer,			е, ке	y er	npio	yee,	or	nignest compensated e	mployee on	١3	1	х
	line 1a? If "Yes," complete Schedule J for s							ا ا	har aamaanaatian fram	the organization	3	<del> </del>	^
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization	4	x	
_	Did any person listed on line 1a receive or									idual for convices	-	121	<del>                                     </del>
5	rendered to the organization? If "Yes," com							JIAI	ed organization or indivi	dual for services	5		X_
Sec	tion B. Independent Contractors	ipiete Scriedur	e	UI ŞI	JCII	pers	OH						
1	Complete this table for your five highest co	mnensated in	dene	nde	ent c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensation	from	
•	the organization. Report compensation for												
	(A)								(B)			C)	
	Name and business	address						_	Description of s	services	Comp	ensatio	on .
	: Systems 30 Wellington Ct, Cumm:	ing, GA	31	ე <b>ი</b> 4	10				Continuing E	ducation	1:	32.2	68.
	Services	LIIG / GA	٠, ر	<u></u>	<u> </u>		-	_	Conference s		<del></del> `	, _	
P.(	D. Box 74007063, Chica	go, IL	606	<u>67</u> 4	<u>1 – 1</u>	7 <u>0</u> 6	<u> 63</u>	f	A/V		1	50,6	48.
<u> </u>	1-1 v.v1-1							$\neg$	· <del></del>				

P.O. Box 74007063, Chicago, IL 60674-7063 A/V

Dickinson Wright

2600 W. Big Beaver, Troy, MI 48084

Publishers Press

P.O. Box 932987, Cleveland, OH 44193

Altai Systems, 752 Oak Grove Circle,

Severna Park, MD 21146

Dickinson Wright

Trademark attorney

153,679.

ISE Magazine

printing

112,253.

New association

software

101,900.

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

Form **990** (2018)

Engineers, Inc.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues Fundraising events 1c Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 50,128 Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 50,128 Business Code Program Service Revenue 2 a Conferences & Seminars 541900 4.042.377 4.042,377 b Member Services 541900 812,415 812,415 c Publications 541900 176,096 176,096 d Publications - Advertising 541800 148,115 148,115 e Societies Divisions & Int Gps 541900 50,517 50,517 f All other program service revenue 541900 Total. Add lines 2a-2f 5,229,520 3 Investment income (including dividends, interest, and other similar amounts) 168,452 168,452, 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 2,317,780 b Less: cost or other basis and sales expenses 272,422 c Gain or (loss) 45,358 d Net gain or (loss) 45,358 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a 541900 All other revenue e Total, Add lines 11a-11d 60.828 213 810. Total revenue See instructions 5 554 286 148 115

_	tion 501(c)(3) and 501(c)(4) organizations must com				<del> </del>
	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	71,090.	71,090.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	657,944.	49,183.	608,761.	
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	1,373,261.	914,078.	459,183.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,998.	12,803.	14,195.	
•	Other employee benefits	349,537.	165,761.	183,776.	
)	Payroll taxes	135,918.	64,457.	71,461.	<u> </u>
1	Fees for services (non-employees)				_
а	Management		·		
b	Legal	88,516.	71,698.	16,818.	
C	Accounting	32,044.	25,956.	6,088.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,017.		28,017.	<u> </u>
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	150,287.	121,733.	<u>28,554.</u>	
2	Advertising and promotion				
3	Office expenses	<u>89,950.</u>	<u>54,282.</u>	35,668.	
4	Information technology	25,263.	20,828.	4,435.	
5	Royalties				
6	Occupancy	203,541.	97,303.	106,238.	
,	Travel	13,901.	11,179.	2,722.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,819,454.	1,781,348.	38,106.	
)	Interest				<del></del>
ı	Payments to affiliates				·
2	Depreciation, depletion, and amortization	76,074.	57,342.	18,732.	
3	Insurance	9,754.	2,617.	7,137.	
ļ	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 0.)				
а	D-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	189,701.	132,860.	56,841.	
b	11	106,295.	78,426.	27,869.	
c	Image improvement	83,672.		83,672.	;
d		24,202.	24,202.		• 1,
e	All other expenses				
,	Total functional expenses. Add lines 1 through 24e	5,555,419.	3,757,146.	1,798,273.	: \ /.
;	Joint costs Complete this line only if the organization				1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	2,058,135.	1	1,825,233.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	·
	4	Accounts receivable, net	200,678.	4	108,177.
	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			
δ	i	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	5,186.	8_	5,708.
	9	Prepaid expenses and deferred charges	134,589.	9	169,934.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 1,594,552.			
	ь	Less. accumulated depreciation 10b 1,276,949.	132,582.	10c	317,603.
	11	Investments - publicly traded securities	4,080,141.	11	3,973,224.
	12	Investments - other securities See Part IV, line 11	10,000.	12	10,000.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,621,311.	16	6,409,879.
	17	Accounts payable and accrued expenses	1,227,331.	_17	1,303,356.
	18	Grants payable	100,003.	18	96,500.
	19	Deferred revenue	1,073,485.	19	1,309,915.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			_
ij		key employees, highest compensated employees, and disqualified persons.	•		
Liabilıties		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	100 501		101 010
		Schedule D	130,701.		101,018.
	26	Total liabilities. Add lines 17 through 25	2,531,520.	26	2,810,789.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	7 105 070	·	
anc	27	Unrestricted net assets	3,185,872.	27	2,647,623.
Bal	28	Temporarily restricted net assets	712,719. 191,200.	28	760,267. 191,200.
ng	29	Permanently restricted net assets	191,200.	29	191,200.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Ď		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	. –
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 000 701	32	3 500 000
~	33	Total net assets or fund balances	4,089,791.	33	3,599,090.
	34_	Total liabilities and net assets/fund balances	6,621,311.	34	6,409,879.

Form **990** (2018)

<u> </u>	SOU (2010) HIIGHICCED, THE.				<u> </u>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>5,55</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2	<u>5,55</u>	<u>5,4</u>	<u>19.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	_3		<u>1,1</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,08					
5	Net unrealized gains (losses) on investments	5	3	<u>9,3</u>	<u>31.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	-52		99. 사이.			
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			1.				
	column (B))	10	3,59	9,0	<u>90.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			·,	<u></u>			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash Accrual Other		-		!			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			~			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1				
	separate basis, consolidated basis, or both				1			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			_ ;			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	<b>990</b> (	(2018)			

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2018** 

Open to Public Inspection

Employer identification number Name of the organization Institute of Industrial and Systems 13-1926850 Engineers, Inc. Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2018 E Part II Support Schedule for	Ingineers, Organizations	Inc. s Described in	Sections 170	(b)(1)(A)(iv) an	13-1926 d 170(b)(1)(A)(vi	0 8 5 0/ Page 2 i)
(Complete only if you checke	_					/
fails to qualify under the test	s listed below, plea	ase complete Part	: III )			
Section A. Public Support	-					
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not					/	
include any "unusual grants ")						
2 Tax revenues levied for the organ-				1	/	
ization's benefit and either paid to		}				
or expended on its behalf	ļ					
3 The value of services or facilities	1				/	
furnished by a governmental unit to				1	1	
the organization without charge			<u> </u>			
4 Total. Add lines 1 through 3						
5 The portion of total contributions					1	
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the				1		
amount shown on line 11,						
column (f)	<u> </u>		<del> /</del>			
6 Public support. Subtract line 5 from line 4 Section B. Total Support	<del></del>					
<del></del>	(5) 2014	(L) 2015	(o) 2016	(4) 2017	(a) 2019	(f) Total
Calendar year (or fiscal year beginning in) > 7 Amounts from line 4	(a) 2014	(b) 2015	(6) 2016	(d) 2017	(e) 2018	(i) Total
8 Gross income from interest,			<del>  /                                   </del>			· · · · · · · · · · · · · · · · · · ·
dividends, payments received on			/			
securities loans, rents, royalties,	!	\ /	1			
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the		/ \				
business is regularly carried on			<b>\</b>			
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)		1				
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	i, etc (see instructi	ons)			12	
13 First five years. If the Form 990 is fo	or the organization':	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
organization, check this box and sto			<u> </u>	<del>\</del>		<u> </u>
Section C. Computation of Pub				$\overline{}$		
14 Public support percentage for 2018	/		column (f))		14	%
15 Public support percentage from 201				11	15	<u>%</u>
16a 33 1/3% support test - 2018. If the				14 IS 33 13% OF I	nore, check this box	k and ⊾ □
stop here. The organization qualifies				d line 15 is 33 1/3%	ar more check the	e boy
b 33 1/3% support test - 2017. If the				Tille 15 is 35 ix 57	o of more, check thi	<b>&gt;</b> □
and stop here. The organization qua 17a 10% -facts-and-circumstances tes				e 13 16a or 16b	and line 14 is 10% o	or more
and if the organization meets the "fa						
meets the "facts-and-circumstances"						<b>▶</b> □
b 10% -facts-and-circumstances tes	_				17a, and line 15 is 1	0% or
more, and if the organization meets t						
organization pleets the "facts-and-cir						ightharpoons
18 Private foundation. If the organization						
					edule A (Form 990	
/						
832022 ,10-11-18						
/			14			\

Schedule A (Form 990 or 990-EZ) 2018 Engineers, Inc.

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

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

800	qualify under the tests listed be stion A. Public Support	elow, please comp	nete Part II )		<del></del>		
		4->0044	#1.0015	(-) 0010	(-I) 0017	(-) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	070 007	1054441.	893,180.	020 127	862,543.	4709198.
	•	978,89 <u>7</u> .	1024441.	093,100.	940,137.	002,545.	4703130.
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	3785118.	3983431.	4209176.	4125603.	4329818.	20433146.
3	Gross receipts from activities that			ŀ			
	are not an unrelated trade or bus-						
	iness under section 513					<del></del>	
4	Tax revenues levied for the organ- ization'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	4764015.	5037872.	5102356.	5045740.	5192361.	<u>25142344.</u>
7a	Amounts included on lines 1, 2, and			İ			1
	3 received from disqualified persons						$\times_0$ .
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						1/0.
-	Add lines 7a and 7b						<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>
	Public support. (Subtract line 7c from line 6)					<u> </u>	25142344.
	ction B. Total Support	····					<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6	4764015.	5037872.	5102356.	5045740.	5192361.	25142344.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107,488.	109,508.	91,283.	204,852.	168,452.	681,583.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	107,488.	109,508.	91,283.	204,852.	168,452.	681,583.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12							
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	or loss from the sale of capital assets (Explain in Part VI )  Total support. (Add lines 9, 10c, 11, and 12 )	4871503.	5147380.	5193639.			25823927.
13	or loss from the sale of capital assets (Explain in Part VI)						
13 14	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thire				
13 14	or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for	the organization's	first, second, thire				zation,
13 14 Sec	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third	d, fourth, or fifth ta			97.36 %
13 14 <b>Sec</b> 15	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ	the organization's ic Support Per ine 8, column (f), d	first, second, third rcentage ivided by line 13, o	d, fourth, or fifth ta		n 501(c)(3) organiz	zation,
13 14 Sec 15	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 8, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2018 (I	the organization's ic Support Per ine 8, column (f), d Schedule A, Part	first, second, third rcentage ivided by line 13, o	d, fourth, or fifth ta		n 501(c)(3) organiz	97.36 % 97.50 %
13 14 Sec 15 16 Sec	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 8, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2018 (I	the organization's  ic Support Per  ine 8, column (f), d  Schedule A, Part  stment Income	rcentage Ivided by line 13, or lill, line 15 Percentage	d, fourth, or fifth ta		n 501(c)(3) organiz	97.36 % 97.50 % 2.64 %
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investment income percentage for 20 Investment income percentage from 2017	the organization's ic Support Per ine 8, column (f), described A, Part istment Income in 8 (line 10c, column 2017 Schedule A, l	rcentage ivided by line 13, of the Percentage in (f), divided by line 17	d, fourth, or fifth ta column (f)) ne 13, column (f))	x year as a section	15 16 17 18	97.36 % 97.50 % 2.64 % 2.50 %
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investment income percentage from 2017 investment income percentage from 33 1/3% support tests - 2018. If the	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colum 2017 Schedule A, l organization did n	rcentage  ivided by line 13, of the percentage on (f), divided by line 17 ot check the box of the percentage on the percentage of the perc	column (f)) ne 13, column (f)) on line 14, and line	x year as a section	15 16 17 18 3 1/3%, and line	97.36 % 97.50 % 2.64 % 2.50 %
13 14 Sec 15 16 Sec 17 18 19a	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 8, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 Etion D. Computation of Investment income percentage from 2018 Investment income percentage from 3 3 1/3% support tests - 2018. If the more than 33 1/3%, check this box a	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colum 2017 Schedule A, l organization did n nd stop here. The	rcentage  Ivided by line 13, or lill, line 15  Percentage  In (f), divided by line 17  ot check the box coorganization qualification.	column (f)) ne 13, column (f)) on line 14, and line lies as a publicly si	x year as a section  15 is more than 3  upported organiza	15 16 17 18 3 1/3%, and line	97.36 % 97.50 % 2.64 % 2.50 %
13 14 Sec 15 16 Sec 17 18 19a	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 8, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Investing Investment income percentage from 2018 Investment income percentage from 2018 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colum 2017 Schedule A, I organization did n nd stop here. The organization did n	rcentage  Ivided by line 13, or	column (f)) ne 13, column (f)) on line 14, and line lies as a publicly si	x year as a section  15 is more than 3 upported organiza, and line 16 is mo	15 16 17 18 3 1/3%, and line 17 tron re than 33 1/3%,	97.36 % 97.50 % 2.64 % 2.50 %
13 14 Sec 15 16 Sec 17 18 19a	or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 8, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2018 (I Public support percentage from 2017 Etion D. Computation of Investment income percentage from 2018 Investment income percentage from 3 3 1/3% support tests - 2018. If the more than 33 1/3%, check this box a	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colum 2017 Schedule A, I organization did n nd stop here. The organization did n ock this box and sto	rcentage Ivided by line 13, or	column (f))  ne 13, column (f))  on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza, and line 16 is mos a publicly suppo	15   16   17   18   3 1/3%, and line 1 tion re than 33 1/3%, rted organization	97.36 % 97.50 % 2.64 % 2.50 %

### Schedule A (Form 990 or 990-EZ) 2018 Engineers, Inc.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

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Castia	n 1	ли с	IINNAMINA	o Organiza	TIARC
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	<del>-</del> -	, ,	
	_ ,		1
	2  3a		
	3b_	<del></del>	•
	3c		;
	4a		
	4b_		
		<b>V</b>	
1	4c		
		-	
	5a		
	5b		
	5c		
	6_		
	7		
	8	- ~	;
	9a	-	
	9b		
	9c _		
	10a		
	10b		

		13-192003	U Pa	<u> 1ge 5</u>
Pa	rt IV Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4.4	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
11				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
L	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	110		<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations			
	tion 2. Type to appoint good and a second an		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l i
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			<del></del>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			, Kan-11
	the supported organization(s)	<u>1</u>		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		.,	1 1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del> </del> ,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			- <i>[</i> ]
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<del></del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		•	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u></u>	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			<del></del>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions)		
1	The organization satisfied the Activities Test. Complete line 2 below	detions).		
a	The organization satisfied the Activities rest. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 solow.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	v (see instructions	;)	
2 2	Activities Test Answer (a) and (b) below.	, (	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	]		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			. ]
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
J	trustees of each of the supported organizations? Provide details in Part VI.			
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Ves " describe in Part VI the role placed by the organization in this regard	3b		

13-1926850 Page 6 Schedule A (Form 990 or 990-EZ) 2018 Engineers, Inc. Type.III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 Add lines 1 through 3 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year, Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions)

Sche <b>Pa</b> i	dule A (Form 990 or 990-EZ) 2018 Engineers, In			3-1926850 Page 7
Sect	on D - Distributions	<u> </u>	1	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			"
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		· · · · · · · · · · · · · · · · · · ·	
	Total annual distributions. Add lines 1 through 6		·	
7	Distributions to attentive supported organizations to which ti	he organization is responsiv	Δ	
8	•	ne organization is responsiv	G	
	(provide details in Part VI) See instructions			-
9	Distributable amount for 2018 from Section C, line 6	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount	(:)	(.)	(ii)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			!
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
_ <u>;</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
•	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to differ distributions or prior years  Applied to 2018 distributable amount	-		
	Remainder Subtract lines 4a and 4b from 4			
9	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions		-	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
	Excess from 2014		-	
	Excess from 2015		21	
<u> </u>	Excess from 2016			
	Evoges from 2017	1	1	1

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

# ١, Institute of Industrial and Systems Schedule A (Form 990 or 990-EZ) 2018 Engineers, Inc. 13-1926850 Page 8 Part VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

### SCHEDULE D

Department of the Treasury

(Form 990)

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

Attach to Form 990.

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

Open to Public

Inspection

Internal Revenue Service Name of the organization

Institute of Industrial and Systems

Engineers

Employer identification number 13-1926850

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	0.5a., 2a., 2a., 2a., 2a., 2a., 2a., 2a., 2	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	``	· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<del></del>
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 advise	ad funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
0	for charitable purposes and not for the benefit of the donor of		
		i donor advisor, or for any other purpose of	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Ves" on Form 990 P	
ч	Purpose(s) of conservation easements held by the organization	·····	artiv, mie 7.
1	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
		Preservation of a certif	led Historic structure
•	Preservation of open space  Complete lines 2a through 2d if the organization held a qualif	ind concentation contribution in the form of	f a consequence consequent on the last
2		led conservation contribution in the form c	Held at the End of the Tax Year
_	day of the tax year  Total number of conservation easements		
a			2a   2b
b	Total acreage restricted by conservation easements	usture included in (a)	
C	Number of conservation easements on a certified historic stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	1 1
_	listed in the National Register	acced autocurched or terminoted by the	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year	nament is located	
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing const	ervation easements during the year
٠,	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion escaments during the year
7	S	ming of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e eatisfy the requirements of section 1700	n/4/(R)(i)
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 1750	Yes No
9	In Part XIII, describe how the organization reports conservation	on essements in its revenue and expense	<del></del>
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion 3 interioral statements that describes t	To organization o accounting to
Pa	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>S</b>
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial	gain, provide
-	the following amounts required to be reported under SFAS 1		y , p
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		<b>S</b>

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Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Enginee							) Page <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	rt, Historical Tr	<u>easures, or C</u>	ther Simil	ar Asse	ts(contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are	a significant	use of its	collection	items
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e		5 , 5				
c	Preservation for future generations	•						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	exempt purp	ose in Parl	t XIII.	
5	During the year, did the organization solicit of					555 III. G		
3	to be sold to raise funds rather than to be ma				Tillar assets		Yes	□ No
Par	t IV. Escrow and Custodial Arran				" on Form 99	O Part IV		110
Га	reported an amount on Form 990, Pa		ete ii the organizatio	ii alisweleu i es	On Form 55	U, Fait IV,	III 16 5, OI	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets	not included		٦.,	<b></b>
	on Form 990, Part X?					L	_l Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
					ļ		Amount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account l	lability?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Part	XIII			
	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years bad		vears back	(e) Four	years back
1a	Beginning of year balance	191,200,	126,200,	126,20		126,200.		126,200.
	Contributions	191,200.	65,000.	120,20	,,,,,	120,200,		120,200,
b		14 500	-					
C	Net investment earnings, gains, and losses	14,502,	1,621.		_			
d	Grants or scholarships	14,502,	1,621,				-	
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses					_		-
g	End of year balance	191,200,	191,200,	126,20	00.	126,200,	L	126,200.
2	Provide the estimated percentage of the cur-		e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment	X .00	_%					
b	Permanent endowment ► 100.00	<u></u> %						
С	Temporarily restricted endowment ▶	<u>火.00_</u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered t	for the organi	zation	_	
	by.							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•					<u> </u>	
	t VI Land, Buildings, and Equipm					-		
	Complete if the organization answere		) Part IV line 11a S	See Form 990 Pa	rt X. line 10			
		(a) Cost or o			c) Accumulate	ed	(d) Book	value
	Description of property	basis (investr	1 ' '	(other)	depreciation		(u) book	, value
		Dasis (IIIVesti	nent) Dasis	(5016)	acpi colation	<del>'                                    </del>		
	Land							
	Buildings	-		7 001	77 0	01		<b>√</b>
С	Leasehold improvements			7,201.	77,2		<del></del>	X 0.
d	Equipment			9,639.	<u>974,9</u>			1,687.
	Other			7,712.	224,7	96.		2,916.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc)			317	<u>7,603.</u>

\*

Eng	ina	ore	т	nc.
End.	uie	ers	, 1	пс

Part VII Investments - Other Securities.			<u> </u>	·
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
(1) Financial derivatives			<del>.</del>	
(2) Closely-held equity interests			<del>-</del>	
(3) Other				<del> </del>
(A)				
(B) (C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				
(F)	-			<del></del>
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation. Cost or en	d-of-year market value
(1)			·, ·	
(2)				
(3)				
(4)				
(5)				
				<del></del> -
(8)			···	····
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d. See Form 990. I	Part X line 15	
	Description	<u></u>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			<u> </u>	
				<u>-</u>
(8)				
(9)	<del></del>			-
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)			
Part X Other Liabilities.				_
Complete if the organization answered "Yes"	on Form 990, Part IV,	(b) Book value	1 990, Part X, line 2:	)
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		101,018.		
(2) Lease Payable		101,010.		
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25)	101,018.		
2. Liability for uncertain tax positions. In Part XIII, provide			nancial statements	that reports the
organization's liability for uncertain tax positions under				
				nedule D (Form 990) 2018

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No 1545-0047	2018	Open to Public Inspection
	'	

13-1926850

Employer identification number 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 Institute of Industrial and Systems Engineers, Inc. Name of the organization

A Yes No	<b>Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed.	(g) Description of (h) Purpose of grant noncash assistance or assistance				
	ızatıon answered "Yes" on Fo	(f) Method of valuation (book, PMV, appraisal, other)				
d States	Somplete if the organ ded.	(e) Amount of non-cash assistance		_		
t funds in the Unite	ic Governments. C tional space is need	(d) Amount of cash grant				
toring the use of gran	zations and Domest be duplicated if addi	(c) IRC section (if applicable)				
stance? ocedures for moni	Domestic Organi 55,000 Part II can	( <b>p</b> ) EIN				
criteria used to award the grants or assistance?  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 Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				

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Schedule I (Form 990) (2018)

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

3 Enter total number of other organizations listed in the line 1 table

13-1926850

Schedule I (Form 990) (2018) Engineers, Inc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
Scholarships to engineering students involved in undergraduate studies of industrial and systems engineering at various universities and colleges throughout the U.S.	4 5	1 090	0		•
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	le 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	ddtional information	
The student awarded the scholarship has to submit an original school	ip has to	submit an	original	school	
transcript proving they are maintaining at least a 3.40 GPA and are	aining at	least a 3	.40 GPA an	d are	
full-time (Co-op does not count as full-time).	s full-ti	me). They	They are required to	red to	
provide a transcript when they register for the	gister fo	r the fall	semester	and another	
one when they register for the spring		semester.			

Schedule I (Form 990) (2018)

### 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" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Attach to Form 990.

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

2018

Open to Public Inspection

Name of the organization

Institute of Industrial and Systems

Engineers, Inc.

13-1926850

Employer identification number

Schedule J (Form 990) 2018

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee r During the year, did any person listed on 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? X 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

13-1926850

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) Don Greene	3	268,969.	28,518.	.0X/	31,266.	36,532.	365,,285.	0
ef	: ≘		· ·	·0 × ~		1		0
(2) Donna Calvert	Ξ	175,899.	18,453.	.0×		24,796.	219,148.	0
-	<u> </u>	/	0+)	•0×	' ک	l		0
(3) J.J. Koran	ε	124,99	9,226.	, ×0.	6,465.	25,294.	165,983.	0
Finance and IT Manager	(ii)	] / 10.	140.	$\times 0$ .	0	0		0
(4) Douglas Long	Ξ	142,900.	9,226.	$1 \times 0$ .	7,598.	36,542.	196,26	0
Manager	⊞	1-10.	140.	(×0.	(-0)	\X0.	. 0X /	0
	Ξ				,		•	
	(ii)							
	(1)							
	Ξ							
	ε							
	(ii)							
	Ξ							
	▣							
	(i)							
	(ii)	)						
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Schedule J (Form 990) 2018

Page 3

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### SCHEDULE O

Department of the Treasury

. (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Institute of Industrial and Systems Engineers, Inc.

Employer identification number 13-1926850

Form 990, Part I, Line 1, Description of Organization Mission: effectiveness of the industrial and systems engineering profession and those individuals involved with improving quality and productivity. Form 990, Part III, Line 1, Description of Organization Mission: industrial and systems engineering profession; (B) To advance the art and science of industrial and systems engineering for the general welfare of mankind; (C) To encourage and assist education and research in the art and science of industrial and systems engineering; (D) To promote the unrestricted dissemination of knowledge and information by means of meetings and publications relating to the art and science of industrial and systems engineering; (E) To assist colleges and universities in the development of educational programs in the art and science of industrial and systems engineering. Form 990, Part VI, Section A, line 6: The Institute has members who pay an annual membership fee. Form 990, Part VI, Section A, line 7a: The Institute's members elect the Board of Trustees, Regional Vice Presidents and Society Vice Presidents. Form 990, Part VI, Section A, line 7b: Any change to the Constitution requires a vote by the members; members also elect the Board of Trustees and other key volunteer leaders.

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

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

Name of the organization Institute of Industrial and Systems Engineers, Inc.

Employer identification number 13-1926850

Form 990, Part VI, Section B, line 11b:

The Board of Trustees has voted to allow the three Presidents to act on their behalf. The Form 990 is reviewed by the three Presidents, the Financial Director and the Executive Director before filing.

Form 990, Part VI, Section B, Line 12c:

At the March Board of Trustees meeting, the policy is reviewed with new

Trustees. Every new hire is required to sign the policy and existing

employees are updated as necessary.

Form 990, Part VI, Section B, Line 15:

The process for evaluating the Executive Director and determining his compensation is defined in his employment contract, which was implemented by the Personnel Committee. The ED is evaluated based on eight defined competencies for executive leadership and seven business objectives that are based on IISE's areas of strategic focus and its business plan. The members of the Personnel Committee rate the performance of the Executive Director in each area on a quantitative scale. In addition, the Committee\_ reviews benchmarking data, including comparable survey data from the Council of Engineering and Scientific Society Executives (CESSE), the Georgia Society of Association Executives (GSAE), the American Society of Association Executives (ASAE), and other relevant data, including a survey conducted by the American Research Company on non-profit executive compensation, which IISE participated in. Relevant comparisons are drawn in the following categories: overall, southern region, 501(c)(3), budget size, staff size and tenure in the position. This data is provided to the Personnel Committee between December and February. The Committee members meet with the ED in February to discuss the matter. These discussions Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

36, or 37.

2018 2018
<b>8</b> No <b>8</b>

► Go to www.irs.gov/Form990 for instructions and the latest information.
of Industrial and Systems

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

Inc.

Institute Engineers

Name of the organization

Part

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(g) Section 512(b)(13) ٥ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets status (if section <u>e</u> Public charity 501(c)(3)) Total income Exempt Code Ð section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity <u>e</u> Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

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Schedule R (Form 990) 2018

Systems Institute of Industrial and

Engineers, Schedule R (Form 990) 2018 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

13-1926850

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization

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

(a)	(q)	(0)	(p)	(a)	(J)	(6)	(h)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(bX13) controlled entity?	on (13) %
		country)		or masy		dosers		Yes	٥
IISE Solutions, Inc 46-3124857			Institute of						
3577 Parkway Lane, Ste 200			Industrial and						
Norcross, GA 30092	Consulting Services	GA	Systems	C CORP	-7,054.	368,599.	1008	×	
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•	<u></u>								•

See Part VII for Continuations

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Schedule R (Form 990) 2018

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Engineers, Inc. Schedule R (Form 990) 2018

Page 3

13-1926850

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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				×	Yes	ہ ا
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?	s with one or more re	lated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				4	^	<b>.</b>
c Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarantees to or for related organization(s)				1q	_	×
e Loans or loan guarantees by related organization(s)				1e	~	×
					_	`
f Dividends from related organization(s)				14 >	×	
g Sale of assets to related organization(s)				1g	~	×
h Purchase of assets from related organization(s)				ŧ	~	×
i Exchange of assets with related organization(s)				;=	~	×
J Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>	~	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	~	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	~	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1 L	<b>×</b>	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	74	×
				ŀ		•
p Reimbursement paid to related organization(s) for expenses				9	~	×
q Reimbursement paid by related organization(s) for expenses				19	×	×
The neterination of many or proposed, to related proposed proposed				,	<u>~</u>	>
s Other transfer of cash or property from related organization(s)				= 5	\$ PX	d ×
1	who must complete the	is line, including covered	relationships and transaction thresholds	!	<u> </u> 	,
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) IISE SOLUTIONS, INC.	Ŀ	20,000	50,000.ACTUAL AMOUNT			
(2)		:				
(3)						
(4)						
(5)					İ	ł
(9)						
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Schedule R (Form 990) 2018 Engineers, Inc.

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

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

(k) centage nership						
& e						
(j) General or managing partner? Yes No	 					
Ger Ye	 			<u> </u>		
(h) (i) (j) (k)  Dispropor- Ugalle  Ugalle  amount in Dox 20 managing of Schedule K-1 partner?  Ves   No   (Form 1065)   Yes   No						
No sons		_				
(h) Disproportionate allocations? Yes No				·		
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all Are all 501(c)(3) Orgs? Yes No					-	
(d) Predominant income particle (related, unrelated, excluded from lax undersections 512-514)			•			
(c) Legal domicile (state or foreign e						
(b) Primary activity						
(a) Name, address, and EIN of entity						

(,)

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