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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2019 calendar year, or tax year beginning January 1 , 2019	and ending	Dece	ember 31	1 , 20	19
В	Check if ap	oplicable C Name of organization		D Emplo	yer ident	tification number	er
	Address c					525835	
	Name cha		Room/suite	E Teleph	none numb	ber	,
F	Initial retu	I15 Apple Grove Dr	N/A		505- 9	925-4326	
F	Final retur	City or town, state or province, country, and ZIP or foreign postal code	03	F Grou	p Exemp	otion	
\vdash	Applicatio		00	Num	ber ►	N/A	Α
G		ing Method ☐ Cash ☑ Accrual Other (specify) ▶	F	I Check ▶	· 🗸 if th	ne organization	n is not
	Website					h Schedule B	
J	Тах-ехеп	npt status (check only one) —	or	(Form 99	0, 990-E	Z, or 990-PF).	
		organization Corporation Trust Association Other					
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tot	tal assets			
(Pa	art II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		Ī	▶ \$		
E	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	ces (see th	e instruc	tions fo	or Part I)	
		Check if the organization used Schedule O to respond to any question	in this Part	1			. \square
	1	Contributions, gifts, grants, and similar amounts received			1	1	142,500
707	2	Program service revenue including government fees and contracts	-		2 =	. د د ڪه د ڪ	5,000
J-=-	- 3	Membership dues and assessments		[3		8,535
•	4	Investment income		[4		
4	5a	Gross amount from sale of assets other than inventory			212-76		
_	b	Less: cost or other basis and sales expenses			419		
ī	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from	ine 5a) .	. [5c		
ב	6	Gaming and fundraising events			r. dyfa, si		
ر ا	а	Gross income from gaming (attach Schedule G if greater than					
Sevenue Revenue	[\$15,000)	<u> </u>				
֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	b	<u> </u>	of contribution	ons ,	2. July 1		
کے ہے	<u> </u>	from fundraising events reported on line 1) (attach Schedule G if the		2	2 4		
· J·		sum of such gross income and contributions exceeds \$15,000) 6b			1. 18 . 1 . 1 1. 18 . 1 . 1		
	С	Less: direct expenses from gaming and fundraising events . 6c			1		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a ar	d 6b and s	ubtract	<u>्रकृत्य</u>		
		line 6c)		[6d		
	7a	Gross sales of inventory, less returns and allowances	<u> </u>		1		
	b	Less cost of goods sold	<u> </u>				
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8	Other revenue (describe in Schedule O)			8		
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) RECEIV	/FD	·	9	1	156,035
	10			(1 · · · -	11		C 020
	11	Benefits paid to or for members		31 : : }	12		6,828
Ses		Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors. 12 1	2020 \9	5 1	13		
Expense	13		2020	[14		500
X	14 15	Occupancy, rent, utilities, and maintenance	JUT	. .	15		14,902
_	16	Other expenses (describe in Schedule O)	1, 0,	۱۰۰۰	16		14,502
	17		• •	· · • •	17		23,750
	10	Total expenses. Add lines 10 through 16	•	• •	18		32,285
Ste	19	Net assets or fund balances at beginning of year (from line 27, column (A) (must agr	ee with			32,203
S		end-of-year figure reported on prior year's return)			19		50,694
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20		20,007
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21		82.978

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2019)



Pa	t II Balance Sheets (see the instructions f	or Part II)						
	Check if the organization used Schedule		y question in this	Part II		. <u>.</u>	<u>.</u>	
-		-		(A) Beginning of	year		(B) End of year	
22	Cash, savings, and investments			5	0,694		\ 8:	<u> 2,978</u>
23	Land and buildings					23	\longrightarrow	
24	Other assets (describe in Schedule O)					24	$\overline{}$	
25	Total assets					25		
26	Total liabilities (describe in Schedule O)					26		
27 Par	Net assets or fund balances (line 27 of column III Statement of Program Service Accom				0,694	27	87	2,978
Fell	Check if the organization used Schedule	•		•	. ol		Expenses	
Wha		Promote STEM	iy question in this	arem .	- ၂		uired for section	
	ribe the organization's program service accomplis		te three largest n	rogram senu			c)(3) and 501(c)(4 nizations, option	
as m	neasured by expenses. In a clear and concise m	anner, describe the	services provided	l, the numbe	r of	othe	•	
	ons benefited, and other relevant information for ea		•	•				
28								
		•••••			. <u></u> .			
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	<u> </u>		28a		
29			••••					
	/Create # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ıncludes foreign gra	nta aback bara			29a		
30					' 	2 3a	 	
30								
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	, , ▶	<u> </u>	30a		
31	Other program services (describe in Schedule O)							
	· ·	ıncludes foreign gra	nts, check here .	🕨		31a		
32	Total program service expenses (add lines 28a t				•	32		
Par	· · · · · · · · · · · · · · · · · · ·				the in:	struc	tions for Part	· IV)
	Check if the organization used Schedule	O to respond to ar	(c) Reportable	Part IV .	nofite		<u></u>	_
	(a) Name and title	(b) Average hours per week	compensation	contributions to	employe			
	(4)	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans deferred compe			ther compensat	นอก
Sinin	g Ma / NC Chair					1		
	3	4	0		(0
Bing	Neris / NC Vice Chair							
	<u> </u>	4	0			<u> </u>		0
Xiao	(I Wang / NC Secretary							
		4	0	1	(<u> </u>		0
Char	gjian Feng / NC Treasurer							
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∉Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	· -	Yes	NO
50	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	ŀ		
	change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		-
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	333		-
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	T.I.		
b	Did the organization file Form 1120-POL for this year?	37b	V2 9 .Ch	√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	200		7000
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes " complete Schedule I. Part II. and enter the total amount involved	38a	न हत् औ	▼
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved		And A	
о э a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
= 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			2
	section 4911 ▶	500 A	なっぱ さ	(東沙路)
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	a in	2006	200
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
С	5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70D	\$ 1.5° A	** Q- 1999
Ś	on organization managers or disqualified persons during the year under sections 4912,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* A
4	4955, and 4958	A	10 m	7 - Car
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		\$ 4.00 \$ 100 \$ 100	
	40c reimbursed by the organization	Charles A	\$ 400 C. d. v	外张肇
e `	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	400	22	2300
41	List the states with which a copy of this return is filed ▶	40e		<u> </u>
42a	The organization's books are in care of ► Telephone no. ►			
	located at ▶ 7IP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	44 A SECTION	√
	If "Yes," enter the name of the foreign country ►	156		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	2.22	J
·	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. i	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	0.16 (West) 5 mm 200 mm the	308773	Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440	彩 瓷"	
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	A.L	V
b	completed instead of Form 990-EZ	44b		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c		_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		Z.X.	
	explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	^€" 1 22^	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		愛達	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h	* 1 * 2	
	1 OIII 330-LE, OEG III SII UGIIOII 3	45b		<u>, √</u>

Page	4

46	Did ti	ne organization engage, directly or in	ndirectly, in political o	ampaign activities on	behalf of	or in opposit	tion				
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organization	s Only				- · · · ·	!			
		All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47–49b and	52, and c	omplete th	e tables to	orlines			
		Check if the organization used Sc	hedule O to respond	l to any question in t	hıs Part VI			🗆			
		<u> </u>						Yes No			
47	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										
48	8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a		ne organization make any transfers t						/			
ь 50		es," was the related organization a seplete this table for the organization's				s and key					
50	empl	oyees) who each received more than	n \$100,000 of compe	nsation from the organ	nization. If	there is non	e, enter "N	one."			
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Healt contribution benefit plans	th benefits, is to employee s, and deferred ensation	(e) Estimate	d amount of pensation			
None											
					~		_				
					ļ						
					 	_	_				
						-	_				
	÷		1100 000			_					
		number of other employees paid ov plete this table for the organization		. ►		ra wha agal	o received	more than			
51		,000 of compensation from the orga			Contracto	is who eaci	received	more mar			
		Name and business address of each independ		(b) Type of sen	/ICE	(c) Compensation	on .			
	(4)	Traine and business address of each independ	Son Contractor	(5) 1) 50 01 00.1							
None				4							
			<u></u>		-	 					
		·	•••••••	†							
				-							
			_	-		-		-			
				†							
d	Total	number of other independent contra	actors each receiving	over \$100,000	>			 			
52		the organization complete Schedi	-		ınızatıons	must attac	h a				
		oleted Schedule A		<u> </u>			► ✓ Yes				
Under p	enalties rrect, ar	of perjury, I declare that I have examined this id complete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	nying schedules and statem ormation of which preparer	ents, and to the thick the	ne best of my k ledge.	nowledge and	l belief, it is			
C:		Mappin 3	127			5/28	1202	0			
Sign Here		Signature of officer Changuian Fond / NC Transurer			U	ate /	1				
11616		Changjian Feng / NC Treasurer Type or print name and title									
 Paid		Print/Type preparer's name	Preparer's signature	Da	ate	Check] if PTIN				
Prep	arer					self-emple					
Use		Firm's name ▶			F	m's EIN ▶					
		Firm's address >	r chave chave? Con	Instructions	 -	hone no.	▶ □ ∨				
iviay ti	ie ins	discuss this return with the prepare	1 210MII 900A6 566	instructions	·	· · · ·	► ☐ Yes	: ∐ No			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

Employer identification number

Chin	ese	Institute of Engineers in USA a N	J Nonprofit Corpo	oration			20-05	25835
Pa	rt I	Reason for Public Char	rity Status (All	organizations must	· · · · · · · · · · · · · · · · · · ·			ons
The		inization is not a private founda						
1		A church, convention of church						Λ9
2		A school described in section						\cup \setminus
3		A hospital or a cooperative hos						· · · · · · · · · · · · · · · · · · ·
4		A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 1/0(b)(1)(A)	(III). Enter the
_	_	hospital's name, city, and state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local govern	nment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7								
		described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a I	and-grant college
		or university or a non-land-grauniversity						
10	✓	An organization that normally r	eceives (1) more	e than 33 /3% of its su	pport fro	m contril	outions, membership	p fees, and gross
		receipts from activities related support from gross investment	to its exempt fui	nctions—subject to co	ertain exc ole incom	eptions, le (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its businesses
		acquired by the organization a	fter June 30, 197	75. See section 509(a)(2). (Cor	nplete Pa	art III.)	
11		An organization organized and						
12		An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to cai	rry out the purposes
		of one or more publicly suppo						
		Check the box in lines 12a thro	•	- · · · · · · · · · · · · · · · · · · ·				
a	1	Type I. A supporting organ	ızatıon operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
		supporting organization. Ye						
t)	☐ Type II. A supporting organ	nzation supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of				persons	that control or man	age the supported
		organization(s). You must	-					والجريد الممامسة مامسي
C	;	Type III functionally integ its supported organization(ally integrated with,
		., -						ated ergenization(e)
C	1	Type III non-functionally i that is not functionally integ						
		requirement (see instruction						d an attentiveness
_		•	•	-				a II. Tuna III
e	,	Check this box if the organ functionally integrated, or T	ization received	a written determination tionally integrated sur	onortina (organizati	atitisa Type i, Type Ion	з п, туре ш
f	_	nter the number of supported of						
ç		rovide the following information	•					
		Name of supported organization	(ii) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(7)		,,,	(described on lines 1-10		ir governing ment?	support (see	other support (see
				above (see instructions))	0000	nentr	instructions)	instructions)
					Yes	No		· <u> </u>
(A)								
					. <u>-</u> -			·
(B)			-	<u> </u>				
(C)								
(D)				_				
				<u> </u>		-		
E)								
					SHARE VEHICLES	the Manufacture of the last		

	(Complete only if you checked the						alify under
<u>C4:</u>	Part III. If the organization fails to	3 quality unde	er the tests iis	itea-below,-p	lease comple	ete Part iii.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2015	(h) 0016	(a) 2017	(d) 2018	(e) 2019	(f) Total
Calen 1	Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(a) 2016	(e) 2019	(I) Total
•	membership fees received. (Do not include any "unusual grants.")	1					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	`			· /		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	多油油等全元	CHE WHILE	443/6	放松金子全金		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc				712 学课 注意	12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he					<u> </u>	🕨 🗆
	on C. Computation of Public Suppor	<u>_</u>		4 1			
14 15 16a	Public support percentage for 2019 (line of Public support percentage from 2018 Sci 331/3% support test—2019. If the organ box and stop here. The organization qua	hegule A, Part ization did not	II, line 14 . check the box			14 15 31/3% or more,	% check this ►
b	331/3% support test – 2018. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization ()	ation meets th	e "facts-and-d	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	id not check a			a, or 17b, chec		see ▶ □

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

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 qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the tes	sis listed beit	w, please co	inplete rait i	1.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·				··-	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					İ	
	received. (Do not include any "unusual grants.")	41515	13535	41525	28535	156035	281145
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			ļ		ŀ	
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					1	
5	The value of services or facilities						
3							
	furnished by a governmental unit to the				İ		
	organization without charge						
6	Total. Add lines 1 through 5	41515	13 <u>5</u> 35	41525	28535	156035	281146
7a	Amounts included on lines 1, 2, and 3				1		- 1
	received from disqualified persons 1.						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						İ
	or 1% of the amount on line 13 for the year			I		j	- 1
	Add lines 7a and 7b						
C		1.286-6	學學達得	# dala "dala #80) #900#0 \$	nam danm bedahir i	taile de Ser tertral result real r	
8	Public support. (Subtract line 7c from						V
	line 6.)			·X. 2. 2. 2. 2. 4.			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	41515	13535	41525	28535	156035	<u> 281146</u>
10a	Gross income from interest, dividends,				}		
	payments received on securities loans, rents,	,					
	royalties, and income from similar sources.					İ	
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses				İ	Ī	
	acquired after June 30, 1975				ľ		
	·						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			į		į	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)	41515	13535	41525	28535	156035	281146
13	Total support. (Add lines 9, 10c, 11,	71313	13333	71020	20000		2011110
.0	and 12.)			i			201146
44	First five years. If the Form 990 is for the		's first sees	d third fourth	or fifth tax va	ar as a saction	281146
14	_	-					. —
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · ·	
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line		•			15	100 %
16	Public support percentage from 2018 Sc	hedule A, Part I	II, line 15 .	<u></u>	<u> </u>	16	100 %
Section	on D. Computation of Investment In		ntage				
17	Investment income percentage for 2019	(line 10c, colum	ın (f), dıvıded b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2019. If the organ	ization did not	check the box	on line 14. an	d line 15 is mo		
130	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organization	on . ► 🗸
L	331/3% support tests—2018. If the organic						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	ia not check a l	oox on line 14,	19a, or 19b, c	neck this box a	ana see instrud	ctions 🕨 🔲

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.)

Section A. All Supporting Organizations

- 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
- Did the organization have any supported organization that does not have an IRS determination of statu 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E 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")? "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 determinatio 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)(E 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 Ell 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 alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified 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 mor 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 whic 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 benef 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 integrate 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)

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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c 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. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to repulsify appoint or elect a fleast a majority of the organization or introduced in the repulsion of a fleast an apport of organizations are visited the organization of a sactives at the organization of directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization of the repulsions and what conditions or restrictions, if any, applied to such power during the supported organization of the organization of a sactive set file or organizations and what conditions or restrictions, if any, applied to such power during the sacy year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of "Pres," explain in Part VI how providing such benefit camed out the purposes of the supporting organization? 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 controlled or trustees of each of the organization's supported organization organization's under the supported organization's provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided durin	60600	The Committee of Control and C			-3
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	D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Sandallia Sandallia	- 1452 A

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Part V	Type III Non-	Functionally	/ Integrate	d 509(a)(3)	Supporting	Organizations
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1. 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 (A) Prior Year Section A-Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 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 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) 1 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 1a 1b **b** Average monthly cash balances 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d 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 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C-Distributable Amount · 李俊·美·李·孙·秦·李·教 1 Adjusted net income for prior year (from Section A, line 8, Column A) **发现的事件专业** 2 Enter 85% of line 1. · 电影影影影影影影影影 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 學習堂革命門地學達 4 Enter greater of line 2 or line 3. **网络学学学等中华教** 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp						
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.						
7	Total annual distributions. Add lines 1 through 6.		•				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is re-	sponsive				
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			<u> </u>			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
, 2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019			74.77 2 14.74			
а	From 2014						
b	From 2015		1447748				
С	From 2016		全地名西北亚西 斯特里	STATE OF THE STATE OF			
d	From 2017	能够是否的原则	成的香港基份等等	种类种种种种种种			
е	From 2018	高的是他是不是一种。 第一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一	等等等等规范等				
f	Total of lines 3a through e		Market Market Control				
g	Applied to underdistributions of prior years						
h	Laboratoria de la constantina della constantina		基础的基础等等	I de la clarina abacellata en de arma des es bela			
<u>i</u>	Carryover from 2014 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	- Carlos and Selection (In Constitution and Selection)					
4	Distributions for 2019 from Section D, line 7:						
а	Applied to underdistributions of prior years	建设设施工程					
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.			action of the second			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7		The Colonia Calabata				
а	Excess from 2015						
b	Excess from 2016 .	Continued to the	是物理和影響學				
С	Excess from 2017 .	7.574(1).//2007.75					
d	Excess from 2018	CALOPACT CONTROL	#15903 A 1 2503				
e	Excess from 2019						

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number		
Chinese Institute of Engineers in USA a NJ Nonprofit Corporation	20-0525835		
990EZ Part I.	•••••		
11. Benefits paid to or for members:			
Incentive to each chapter, to be used for partial reimbursement on travel expenses			
16. Other expenses:			
National Council operation (\$4663); and other three major programs (See schedule A note below for detail three programs):			
METS (N/A); The committee travel was arranged by Taiwan directly			
SATEC traval arranges (\$1905).			
SATEC travel expenses(\$1896);			
AAEOY Conference expenses (\$94961)			
Schedule A. Part III. Section A. Public Support and Section B. Total Support			
CIE/USA National Council hosts three major programs Modern Engineering Technology Seminar (METS); Sino-American Technology and			
Engineering Conference (SATEC); and Asian American Engineer of the Year (AAEOY). The METS meeting is hold in Taiwan and the SATEC is			
The best shorters also great the form			
Hold in China. The AAEOY is an annual conference hosted in rotation by each chapter since 2002. The host chapter is also responsible for			
fundraising and expenses. We practice to centralize the account in the is national level in 2019, which is why there is a funding spike in the			
2019 account.	••••••••••••		
			
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