For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Cat. No. 11282Y

Form 990 (2019)

DLN: 93493300013020

2019

## OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

		enue Service							
A F	or th	e <b>2019</b> c		ning 01-01-2019 , and ending 1	2-31-2019				
_		pplicable:	C Name of organization IEEE FOUNDATION INC			D Employer i	identific	cation number	
□ Ad		change	% IEEE CONTROLLERS OFFICE			23-731066	54		
☐ Ini		-	Doing business as						
☐ Fin-	al retur	n/terminated				E Telephone n	umbor		
		d return	AAS HOES LANE	ail is not delivered to street address) Roor	n/suite				
⊔ Ар	plicati	on pending		atry, and ZID or foreign postal sade		(732) 981	-0060		
			City or town, state or province, cour PISCATAWAY, NJ 08854	ntry, and ZIP or foreign postal code				202 507	
			<b>F</b> Name and address of principa	l officer:	1117.3	<b>G</b> Gross receip		93,587	
			KAREN A GALUCHIE	ii onicer.		this a group retur	n for	□Yes <b>☑</b> No	
			445 HOES LANE			ubordinates? re all subordinates			
	Y-6Y6I	mpt status:	PISCATAWAY, NJ 08854		—   `´ir	ncluded?		☐ Yes ☐No	
			<b>☑</b> 501(c)(3) <b>☐</b> 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or 52		"No," attach a list.	•	•	
J W	ebsit	te:► ww	w.ieeefoundation.org		n(c) G	roup exemption nu	ımber 🕨	•	
			: 🗹 Corporation 🔲 Trust 🔲 Asso	· 🗖 au 🔈	<b>L</b> Year of	formation: 1973 M	State o	f legal domicile: NY	
K Forr	n of o	rganization:	; 🖭 Corporation 🗀 Trust 🗀 Asso	ociation				3	
Pa	art I	Sum	mary						
			scribe the organization's mission o						
യ			Foundation, the philanthropic part echnology and education.	ner of IEEE, provided US\$4.6 Million t	o enable IEEE	: programs that tra	nsform	lives through the	
ဋိ	'	povvei 01 c	eemiology and cadeation.						
E	-								
Activities & Governance	_ '	61 1 11		scontinued its operations or disposed		250/ 57			
Ğ			is box <b>&gt; in the organization</b> dis of voting members of the governir		or more than	25% of its net asse	ets.   <b>3</b>	13	
<b>න්</b> ග	l		•	the governing body (Part VI, line 1b)			4	13	
<u>t</u> e	l		nber of individuals employed in ca		5	0			
Ř	l		nber of volunteers (estimate if neo		6	925			
¥	l		•	VIII, column (C), line 12			7a	0	
	l			m Form 990-T, line 39			7b		
				•		Prior Year	1 ,	Current Year	
<b>a</b> .	8	Contribut	cions and grants (Part VIII, line 1h)			5,779,699		5,878,983	
Ravenue	l		- , , , , ,	)			5		
ōΛċ	l	-	ent income (Part VIII, column (A), I		1,301,792	2	1,733,031		
æ	l		venue (Part VIII, column (A), lines			<del>,                                    </del>			
	12	Total reve	enue—add lines 8 through 11 (mu	)	7,081,491	ı	7,612,014		
	13	Grants ar	nd similar amounts paid (Part IX, c	column (A), lines 1–3 )		5,407,022	2	4,280,075	
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)			5		
S.	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10	0)	0			
Expenses	16a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)		C			
e G	ь	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶30,739					
Д	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		1,475,064			
	18	Total exp	enses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		6,882,086			
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		199,405	5	1,900,310	
× 80 9, 80					Begin	ning of Current Year	r	End of Year	
Net Assets or Fund Balances							<del> </del>		
Ass Ba	l		ets (Part X, line 16)			49,549,756		56,278,496	
₹ 1	l		ilities (Part X, line 26)		'	2,967,322	+	2,575,456	
			ts or fund balances. Subtract line 2	21 from line 20		46,582,434	1	53,703,040	
	rt II		ature Block	ined this return, including accompany	ing schodulos	and statements	and to t	he heet of my	
				. Declaration of preparer (other than					
any k	nowle	edge.							
		*****	*			2020-10-26			
Sign		Signatu	ure of officer			Date			
Here		ТНОМА	AS R SIEGERT ASSISTANT TREASURER						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	Check   if   PTI	N		
Paid	t					Self-employed			
Pre		er F	irm's name 🕨	<del></del>		Firm's EIN ►			
Use		H	irm's address 🕨			Phone no.			
_		·   '	<del></del>			. Aone no.			
						<u> </u>			
ıvıav t	ne IR	Co discuss	this return with the preparer show	wn apove? (see instructions)			∟ Y∈	es 🗆 No	

Form	990 (2019)					Page <b>2</b>						
Pa	statement	of Program Ser	vice Accomplis	hments								
	Check if Sche	dule O contains a re	esponse or note to a	any line in this Part III .		🗸						
1	Briefly describe the o			,								
MISS	SION: THE IEEE FOUND	DATION INSPIRES A	N ENGAGED COMM	UNITY AND LEVERAGES	THE GENEROSITY OF DONORS T	O ENABLE IEEE						
PRO	GRAMS THAT ENHANCE	TECHNOLOGY ACC	CESS, LITERACY, AN	ID EDUCATION AND SU	PPORTS THE IEEE PROFESSIONAL	COMMUNITY						
_	Bild in											
2	3	, ,		vices during the year wh		□yes ▼No						
	'					∟Yes ⊻No						
	If "Yes," describe the											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					☐ Yes 🗹 No						
	If "Yes," describe the	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total											
	Section 501(c)(3) and expenses, and reven	the total										
	expenses, and reven	ac, ii airy, for cacir	program service re	porteu.								
4a	(Code:	) (Expenses \$	1,916,918	including grants of \$	906,633 ) (Revenue \$	)						
	See Additional Data											
4b	(Code:	) (Expenses \$	1,298,862	including grants of \$	703,423 ) (Revenue \$	)						
	See Additional Data											
4c	(Code:	) (Expenses \$	1,065,513	including grants of \$	1,065,513 ) (Revenue \$	)						
	See Additional Data					•						
4d	Other program service	ces (Describe in Sch	nedule O.)									
	(Expenses \$	380,354	including grants of	\$ 380,3	53 ) (Revenue \$	)						
4e	Total program serv	vice expenses ►	4,661,6	47								
						Form <b>990</b> (2019)						

Form	990 (2019)			Page <b>3</b>
Parl	Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>Yes</b> Yes	No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	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		No
	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   93.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	126		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
	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	Yes	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

rm 9	990 (2019)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		<b>✓</b>
			Yes	No
La	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   57			i

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

**1**c

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		No
,	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	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		No
•	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).			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	7a	Yes	
	provided to the payor?		. 63	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	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		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		No
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No
	in test, complete form 4720, schedule of	ı		l

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to	lines
Se	ction A. Governing Body and Management			
1-	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 13  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	Did the construction have been been been been as a Citienter	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	· · · · · · · · · · · · · · · · · · ·	16b		
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
-/	AL , AK , AR , CA , CT , DC , FL , GA , HI , , MA , MI , MN , MS , NH , NJ , NM , NY , N , PA , PR , RI , SC , TN , UT , VA , WA , W\	C, ND		
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►IEEE CONTROLLERS OFFICE 445 HOES LANE PISCATAWAY, NJ 08854 (732) 981-0060			

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

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10.000 of reportable compensation from the organization and any related organizations

organization, more than \$10,000 of reportable co See instructions for the order in which to list the			organ	izati	ion a	and ar	ny re	elated organizations	5.	
Check this box if neither the organization no	•		ion c	omo	ens	ated a	nv (	current officer. dire	ctor. or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positio tha pers	n (do in on on is	(C) not e bo both ecto	t che x, u n an or/tr		ore er	(D)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Stephen Welby Asst Secretary & Exec Director	1.0			Х				0	851,383	195,766
(2) Thomas R Siegert Assistant Treasurer	1.0			Х				0	589,728	47,210
(3) Anthony Patane Assistant Treasurer	2.0 40.0			Х				0	227,650	44,895
(4) Karen A Galuchie Asst Secretary & Exe Dir	40.0 5.0			x				0	217,709	47,259
(5) John R Treichler President	0.0	Х		х				О	0	0
(6) H Vincent Poor Vice President,Development	4.0 0.0	Х		х				0	0	0
(7) Fred Mintzer Vice President Programs	0.0	Х		х				0	0	0
(8) David G Green Treasurer	0.0	Х		х				0	0	0
(9) Pedro Ray Secretary	0.0	Х		х				0	0	0
(10) Marko Delimar Director at large	4.0 0.0	Х						0	0	0
(11) Ralph Ford Director at large	0.0	Х						0	0	0
(12) Roger Fujii Director at large	0.0	Х						o	0	0
(13) Teck Seng Low Director at large	0.0	Х						О	0	0
(14) Jackie Peer Director at large	0.0	Х						0	0	0
(15) Wanda K Reder Director-at-Large	0.0	Х						0	0	0
(16) Nita Patel Director-at-Large	0.0	Х						0	0	0
(17) L Dennis Shapiro Director-at-Large	0.0	Х						0	0	0

(A)

compensation from the organization  $\blacktriangleright$  0

(B)

Part VII

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

Page 8

	Name and title	Average hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee) orgal							ortable Reportable ensation compensation from relate nization organizatio 2/1099- (W-2/1099		n d s	Estimated amount of othe compensation from the organization an		
	organizations below dotted line)  Officer  Institutional Trustee  Officer  Institutional Trustee  Officer  Officer  Institutional Trustee								MISC)		relat organiza	ed			
												$\frac{1}{2}$			
												$\pm$			
												+			
												+			
c	Sub-Total	•					<b>*</b>			0	1,886,4	70		335,130	
2	Total number of individuals (including of reportable compensation from the	ng but not limited	to thos				e) who	rece	eived more						
_													Yes	No	
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	еу е •	mpl •	oyee,	or hi	ghest comp	ensated • •	employee on	3		No	
4	For any individual listed on line 1a, organization and related organization individual										n the	4	V		
5	Did any person listed on line 1a recesservices rendered to the organization		•						_			5	Yes	No	
Se	ection B. Independent Contra	· · ·										5		INO	
1	Complete this table for your five higher from the organization. Report comp	hest compensate										mpens	sation		
		(A) e and business addre		,							(B) ription of services		(C Comper		
												<del></del>			

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

(C)

(D)

(E)

orm 9 Part		(2019) Statement	of F	Revenue						Page <b>9</b>
	-411				respo	onse or note to an	y line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1:	Federated campaigns			1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues	s .	. [	<b>1</b> b					
G G		<b>c</b> Fundraising even		L.	1c					
Sifts lar /		d Related organiza		Ŀ	1d	1,342,344				
ıs, (		<ul><li>e Government grants</li><li>f All other contributio</li></ul>		Ļ	1e					
itior er S		and similar amounts			1f	4,536,639				
di di		g Noncash contributio	ns in	cluded in	10	250 041				
Contributions, Gifts, Grants and Other Similar Amounts		<b>h Total.</b> Add lines	1a-1	f	1g	358,841				
<u> </u>		Totall / (dd III/03 /				Business Code	5,878,983		<u> </u>	1
	2a									
RI e										
Program Service Revenue	b	·								
Ce F	٠									
Serv	6									
'an		·								
Yogi	6	·								
<u>a</u>	f	All other program	serv	rice revenue.						
	┺	Total. Add lines 2				0				
	3	Investment income similar amounts) .		luding divide			1,230,008	8		1,230,008
	4	Income from invest	men	nt of tax-exe	mpt bo	ond proceeds	·	0		
	5	Royalties	_	 (i) Rea		(ii) Personal	<b>&gt;</b>	0		
				(1) Rea	31	(II) Personal				
		Gross rents Less: rental	6a							
	_	expenses	6b							
	С	Rental income or (loss)	6c		0		0			
	٠	d Net rental income	or (	(loss)				0		
		Gross amount		(i) Securi	ities	(ii) Other	_			
	, ,	from sales of assets other than inventory		584,596	5					
						_				
	D	b Less: cost or other basis and sales expenses 7b 2,181,573			3					
	_	Gain or (loss)	7c		503,023	,				
		d Net gain or (loss)					503,023	3		
e)	88	Gross income from fu (not including \$	ındra	ising events of						
Other Revenue		contributions reported See Part IV, line 18		line 1c).						
Rev	١,	b Less: direct expen			8a 8b		0 0			
er		c Net income or (los						0		
	02	Gross income from	nami	ing activities						
	94	See <b>Part</b> IV, line 19	•	• •	9a	ı	0			
		Less: direct expen			9b		0			
	<b>'</b>	c Net income or (los	s) fr	om gaming	activiti	les <b>&gt;</b>	<del></del>	0		
	10	aGross sales of inve	entor	ry, less						
		Less: cost of good			10a 10b		0			
		C Net income or (los			invent	ory ►		0		
	11	Miscellaneo	us R	evenue		Business Code				
	• '	Lu								
	ŀ	<b>b</b>				•				
		c								
		d All other revenue				<b>.</b>				
		e Total. Add lines 1					-	0		
		<b>2 Total revenue.</b> S	ee Ir	isu uctions i	• •	• • • •	7,612,014	4		1,230,008

FOIII 990 (2019)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	ns must complete col	umn (A)
Check if Schedule O contains a response or note to ar		_	ns must complete con	uiiii (A).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,404,249	3,404,249		· ·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	611,756	611,756		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	264,070	264,070		
<b>4</b> Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
- · · · · · · · · · · · · · · · · · · ·	102,789		102,789	
f Investment management fees	0		102,789	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	0			
13 Office expenses	87,394	69,356	18,038	
14 Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	0			
<b>17</b> Travel	277,570	99,301	178,269	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SERVICES BY RELATED ORGN	809,878	103,780	706,098	
b OTHER FUNDRAISING EXPENSES	30,739			30,739
c MEDALS,CERTIFICATE & PLAQUES	109,135	109,135		
d MISCELLANEOUS EXPENSES	14,124		14,124	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,711,704	4,661,647	1,019,318	30,739
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
		L		Form <b>990</b> (2019)

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Notes and loans receivable, net . . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Accounts payable and accrued expenses .

basis. Complete Part VI of Schedule D

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances .

complete lines 29 through 33.

b Less: accumulated depreciation

Grants payable .

Prepaid expenses and deferred charges . . .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11 . . . . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

	Page <b>11</b>
ice Sheet	

0 5

0

0

91,412

35,641,965

85.805

3,435,330

49,549,756

221,663

2.371.927

0

0

0 22

0 23

0 24

373,732

2.967.322

14,068,670

32,513,764

46,582,434

49,549,756

7

10c

11

12 0 13

14

15

16

17

18

19

20 0

21

25

26

27

28

29

30

31

32

33

0

0

0

0

95,302

40,192,169

4,062,267

56,278,496

157,819

2.006.559

85.805

0

0

0

0

0

0

0

411,078

2.575.456

15,408,862

38,294,178

53,703,040

56,278,496

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX $$ .				
	(A) Beginning of year		(B) End of yea	ar

		beginning of year		End of year
1	Cash-non-interest-bearing	652,754	1	1,335,2
2	Savings and temporary cash investments	6,983,011	2	8,674,7

2	Savings and temporary cash investments	6,983,011	2	8,674,727
3	Pledges and grants receivable, net	2,422,111	3	1,711,397
4	Accounts receivable, net	237,368	4	121,585

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

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

3a

3h

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

Name: IEEE FOUNDATION INC.

**EIN:** 23-7310664

Form 990 (2019)

Form 990, Part III, Line 4a:

ENERGIZE: innovation by celebrating technological excellence through the presentation of recognitions to hundreds of individuals for life-transforming work. Programs include IEEE Awards (medals, awards and service recognitions). IEEE-Eta Kappa Nu, the honor society of IEEE, IEEE Awards, and IEEE Foundation Grants Program which awards project funding to IEEE groups for innovative activities designed to raise awareness of the importance of technology to society.

EDUCATE: the next generation of innovators and engineers by nourishing students through academic opportunities such as scholarships, fellowships, travel grants and mentoring and introducing pre-university students to STEM and the history of technology through delivery of classroom curriculum, hands-on experiences, library science kits

and interactive workshops, Programs include IEEE PES Scholarship Plus Initiative, IEEE REACH (Raising Engineering Awards through the Conduit of History), Try Engineering

Form 990, Part III, Line 4b:

Summer Institute and Science Kits for Public Libraries.

Form 990, Part III, Line 4c: ILLUMINATE: the possibilities of technology by using it to address global challenges through delivery and deployment of innovative sustainable projects that bring electricity, communication, education and hope throughout the world. Programs include IEEE Smart Village, EPICS in IEEE, IEEE-USA MOVE, Empower a Billion Lives and IEEE SIGHT.

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	O NOT PROCESS As Filed Data - DLI							
SCI		ULE A	Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
(Form 990 or co 990EZ)				ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.	tion or a section 2019				
		the Treasury	► Go to <u>www.irs</u>	<i>.gov/Form</i> 990 for i			ormation.	Open to Public Inspection			
Nam	e of th	nue Service he organiza ATION INC	tion				Employer identific				
		ATTON INC					23-7310664				
	rt I		for Public Charity Statu				See instructions.				
	rganiz		a private foundation because	•			(A)(:)				
1		•	onvention of churches, or as			, ,, ,	. , . ,				
2			scribed in <b>section 170(b)(</b>		,	, ,					
3		·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-		, ,		ped in <b>section 170</b>			
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).				
7	✓		ation that normally receives a O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).				
12		more public	ation organized and operated ly supported organizations on through 12d that describes	lescribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a				
a		organizatio	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ppoint or elect a majo							
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its			
d		Type III n functionally	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter				-						
g	Provi	de the follow	ing information about the su	pported organization(	s).						
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota			tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9				

2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	3,387,392	4,892,477	6,365,111	5,779,699	5,878,983	26,303,662
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)						10,759,395
6	Public support. Subtract line 5 from line 4.						15,544,267
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,387,392	4,892,477	6,365,111	5,779,699	5,878,983	26,303,662
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	795,610	887,209	<b>1</b> ,012,168	1,167,214	1,230,008	5,092,209
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	<b>Total support.</b> Add lines 7 through 10						31,395,871
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	-		•	'	· / · / <u>-</u>	_ '
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$					▶[	

14

15

Schedule A (Form 990 or 990-EZ) 2019

49.511 %

45.855 %

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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

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

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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

5c 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 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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.
```

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,"

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

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.			
	Did the supprise time and the bounds of any supprised arrangement of the theory of a constant arrangement of the	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ŀ	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 <b>Part VI</b> 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.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
i	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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 purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instruction							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable				

b other distributions (describe in Face 42). See mistractions								
7 Total annual distributions. Add lines 1 through 6.								
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions								
Distributable amount for 2019 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
	Underdistributions	Distributable						

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 23-7310664

Name: IEEE FOUNDATION INC

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493300013020

OMB No. 1545-0047

### **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.

Open to Public

2019

Department of the Treasury

(Form 990)

Na	me of the organization					yer identification	number
	E FOUNDATION INC				23-7310	0664	
Pa	Organizations Maintaining Donor Advistage Complete if the organization answered "Yes				or Accou	ints.	
	complete if the organization answered Te			sed funds	(b)	) Funds and other	accounts
1	Total number at end of year	ì				-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose		impermissible	] Yes □ No
Pa	ti II Conservation Easements.						
	Complete if the organization answered "Yes						
1	Purpose(s) of conservation easements held by the organ		that ap				
	☐ Preservation of land for public use (e.g., recreation	or education)		Preservation of ar		, ,	area
	Protection of natural habitat		Ш	Preservation of a	certified hi	istoric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	d in (a	)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservation	n easement is loca	ated 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monito	ring, in 	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	riolatio	ns, and enforcing c	onservatio	on easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violati	ons, ar	nd enforcing conser	rvation eas	sements during th	e year
8	Does each conservation easement reported on line 2(d)				.70(h)(4)(l	B)(i)	
	and section 170(h)(4)(B)(ii)?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes				ner Simil	lar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan-	public exhibition,	educati	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
(	i) Revenue included on Form 990, Part VIII, line 1				•	<b>&gt;</b> \$	
<b>(</b> i	i)Assets included in Form 990, Part X				•	<b>\$</b>	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ancial gain,	, provide the	
а	Revenue included on Form 990, Part VIII, line 1				1	<b>&gt;</b> \$	
b	Assets included in Form 990, Part X					<b>▶</b> \$	
For	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

Par	t III	Organizations M	aintaining Coll	lections of Art, I	Histori	cal Ti	reas	ures, or	Other	Similar A	<b>Assets</b> (cont	inued)	
3		the organization's acq (check all that apply):		n, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of its co	llection	
а		Public exhibition			d		Loar	or excha	ange prog	ırams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	e generations										
4	Provid Part X	le a description of the	organization's coll	ections and explain	how the	ey furtl	ner th	e organiz	ation's ex	empt purp	ose in		
5	During	the year, did the org to be sold to raise fur									☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			rm 990	, Part	IV, I	ine 9, or	r reporte	ed an amo			
1a		organization an agent ed on Form 990, Part									Yes		lo
b	If "Ye:	s," explain the arrange	ement in Part XIII	and complete the fo	ollowina	table:					Amount		_
c		ning balance		,				-	1c				_
d	_	ons during the year .							1d				_
e		outions during the year						ľ	1e				_
f	Ending	g balance							1f				_
2a		e organization include								•			lo
b	If "Yes	s," explain the arrange	ement in Part XIII.	Check here if the e	explanati	ion has	beer	n provided	d in Part)	KIII	. 🗆		
Pa	rt V	Endowment Fun			000	Dt	T) ( 1	: 40					
		Complete if the or	ganization answ	(a) Current year		rior yea			ears back	(d) Three y	ears back (e)	Four yea	rs back
1a	Beginni	ng of year balance .		35,849,206		36,419			30,929,809		3,021,588		.838,550
	-	utions		5,269,552		4,471	1,586		5,500,206	4	1,026,411	2,	318,894
С	Net inve	estment earnings, gair	ns, and losses	4,581,770		-1,200	,958		3,503,187		1,661,027		273,034
d	Grants	or scholarships		3,204,319		3,245	5,952		2,934,665	2	2,158,242	2,	.556,576
е		xpenditures for facilition	es	189,477		196	5,653		226,490		199,491		235,625
f	Adminis	strative expenses .		334,226		398	3,302		352,562		421,484		70,621
g	End of	year balance		41,972,506		35,849	,206	3	36,419,485	30	0,929,809	28,	.021,588
2	Provid	le the estimated perce	ntage of the curre	ent year end balance	e (line 1	g, colu	mn (a	i)) held a	s:				
а	Board	designated or quasi-e	ndowment ►	8.760 %									
b	Perma	nent endowment ►	0.330 %										
c	Tempo	orarily restricted endo	wment ▶ 90.9	10 %									
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
3а		ere endowment funds ization bv:	not in the posses	sion of the organiza	tion tha	t are h	eld ar	nd admini	istered fo	r the		Vac	No.
	_	related organizations									3a(i)	Yes Yes	No
	. ,	lated organizations					٠. ٠				3a(ii)		No
b		s" on 3a(ii), are the re									. 3b		
4	Descri	be in Part XIII the inte	ended uses of the	organization's endo	wment i	funds.							
Pai	rt VI	Land, Buildings,											
		Complete if the or											
	Descrip	otion of property	(a) Cost or oth (investme		t or other	pasis (	otner)	(c) Acc	umulated d	lepreciation	(a) E	Book valu	ie
<b>1</b> a	Land												
b	Building	gs											
c	Leaseho	old improvements											
d	Equipm	ent										-	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part I\/ I	ne 111	See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book	iic III	(c) Meth	part X, life 12.  od of valuation: f-year market value
		value			, , and it may relieve
<ul><li>(1) Financia</li><li>(2) Closely-</li><li>(3)Other</li></ul>	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	<u> </u>			
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 11		
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, I	Part IV, lir	ne 11d	. See Form 990, Pa	
(1)PNC-GOL	(a) Description  DSMITH BENEFICIAL ASSET				<b>(b)</b> Book value 3,651,189
(2)CHARLES (3)	S FORTESCUE TRUST				411,078
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				4,062,267
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, I	Part IV. lir	ne 11e	or 11f.See Form	990. Part X. line 25.
1.	(a) Description of liability	,			(b) Book value
(1) Federal (2)	income taxes				0
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			)	411,078
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check				_

2

b

3

4

b

C 5

1

2

C

d

е 3

b

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

7,612,014

6,895,507

1,286,592

5,608,915

102,789

5.711.704

Schedule D (Form 990) 2019

#### 2c Recoveries of prior year grants . . . . . . d Other (Describe in Part XIII.) 2d 589,591 e 2e

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

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

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

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

Subtract line 2e from line 1 . . . . . . . .

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

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

Total expenses and losses per audited financial statements . . . . . .

Donated services and use of facilities . . . . .

Subtract line **2e** from line **1** . . . . . . . .

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

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

4,630,705

1.286.592

1,286,592

102.789

2a

2b

4a

4b

2a

2b

2c

2d

4a

4b

6,506,888 3 7,509,225 102,789 4c 102,789

5

1

2e

3

4c

5

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

### **Additional Data**

Software ID:

Software Version: EIN: 23-7310664

eservation and peer recognition programs of IEEE.

Name: IEEE FOUNDATION INC

iaille. ILLL FOONDATION INC

### Supplemental Information

Datum Bafarana	Fundamention
Return Reference	Explanation
	IEEE Foundation awards grants to new and innovative projects and administers more than 200 donor designated funds that support a variety of educational, humanitarian, historical pr

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The Foundation is qualified under Section 501(c)(3) of the Internal Revenue Code (IRC) as an organization exempt from federal income tax and applicable state income tax and is clas sified as other than a private foundation under Section 509(a)(1) of the IRC. Nevertheless , the Foundation may be subject to tax on income unrelated to its exempt purpose, unless t hat income is otherwise excluded by the Code. The tax year ending December 31, 2016, 2017 and 2018 are still open to audit for both federal and state purposes. As of December 31, 2 019, management has determined there are no uncertain tax positions that would require recognition or disclosure in the financial statements.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	The change in fair value of beneficial interest in trust was removed to arrive at the Total revenue for the 990.

efile GRAPHIC print - DO NOT PROCESS DLN: 93493300013020 As Filed Data -OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** TEEF FOUNDATION INC. 23-7310664 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 254.763 3a Sub-total . b Total from continuation sheets to Part I . . . 254,763 c Totals (add lines 3a and 3b)

and EIN (if

(book, FMV,

assistance

assistance

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (q) Amount (h) Description (i) Method of valuation organization section grant cash grant cash of noncash of noncash

disbursement

	applicable)				appraisal, other)
See Add'l Data					
					_
					_
	i		1		_

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

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

Schedule F (Form 990) 2019							Page <b>3</b>
				ed States. Complete if	f the organization an	nswered "Yes" on Form 9	990, Part IV, line 16.
	e duplicated if addition			<del></del>	<del></del> -	т	<u> </u>
(a) Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Pacific	22	44,434				
	Iceland and Greenland)			CHECK			
Engineering Achievement Award	North America	5	28,100	CHECK			
	+	1					!
				<u> </u>			
		-		<del> </del>			'
		-		<u> </u>			
		1		+			
		+		<del> </del>			
				<u> </u>			
						<u> </u>	
4						Scho	dula E (Form 990) 2019

Sched	e F (Form 990) 2019		Page <b>4</b>		
Par	Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No		
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)				
		∐ Yes	<b>✓</b> No		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign				
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>✓</b> No		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)				
		☐ Yes	<b>✓</b> No		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the				
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐ Yes	<b>☑</b> No		

Scheaule F (For	m 990) 2019 Page <b>5</b>
Pi ai m	upplemental Information  rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting lethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide my additional information. See instructions.
990 Schedul	e F, Supplemental Information
Reference	Explanation

Foundation monitors the supported programs through reports and other information collection mechanisms.

#### **Additional Data**

East Asia and the Pacific

Greenland)

Europe (Including Iceland and

# Software ID: Software Version:

**EIN:** 23-7310664

region)

Grantmaking

Grantmaking

Name: IEEE FOUNDATION INC

58,034 82,408

Form 990 Schedule F Par	t 1 - Activities	Outside The C	inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the	describe specific type of service(s) in region	(f) Total expenditures for region

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Grantmaking 39,100 South America Grantmaking 29,221

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) South Asia 46,000 Grantmaking

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Engineering 40,000 WIRE Development South America Engineering 24,671 Wire/CB Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Engineering 13,600 Wire the Pacific Development Engineering 9,000 Wire Europe Development

# l(Includina

Iceland and Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Engineering 6,000 lwire Development South Asia Engineering 6,000 lwire Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description ( (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Enaineerina 5,675 wire Europe l(Includina Development Iceland and

Greenland)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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

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

OMB No. 1545-0047

DLN: 93493300013020

Open to Public

Treasury Internal Revenue Service		► Go to <u>wи</u>	<u>/w.irs.gov/Form990</u> to	the latest information	on.		
Name of the organization						Employer identific	ation number
IEEE FOUNDATION INC						23-7310664	
Part I General Inform	ation on Grants	and Assistance					
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the org</li></ul>	to award the grants	or assistance?				e, and	☑ Yes ☐ N
	<u>'</u>				rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
that received more	than \$5,000. Part I	I can be duplicated if ad	ditional space is needed.	T	ı		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>	. , , , ,	-					19
For Paperwork Reduction Act Notice				Cat. No. 5005			edule I (Form 990) 2019

(4) (5) (6)

(7)

Explanation

Part IV

of grant funds

Return Reference

Schedule I, Part I, Line

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

2-Procedure for monitoring the use recognition of innovation. All support must advance the IEEE Foundation's mission and further the scientific and educational purposes of IEEE. Recipients of support are

The IEEE Foundation, through its 200+ funds, supports the awarding of grants and contributions, scholarships and fellowships as well as the presentation of awards in

lapproved by panels of technology experts. The IEEE Foundation monitors the supported programs through reports and other information collection mechanisms.

Schedule I (Form 990) 2019

#### **Additional Data**

organization

Branded Camp Services

New York, NY 11215

**KINGS** 

65 15th StreetBROOKLYN

Software ID: Software Version:

if applicable

55-0794865

**EIN:** 23-7310664

Name: IEEE FOUNDATION INC

grant

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

501(c)(3)

or government				assistance	other)	
Institute of Electrical and Electronics Engineers 445 Hoes Lane Piscataway, NJ 088544141	13-1656633	501(c)(3)	2,924,813			Educational Grant

75,000

cash

(g) Description of

non-cash assistance

(book, FMV, appraisal,

(h) Purpose of grant

or assistance

Educational Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 53-0196584 501(c)(3) 24.986 The George Washington | Educational Grant University 45155 Research PlaceSuite

250 ASHBURN LOUDOUN, VA 20147 501(C)(3) Texas A&M University 23-7166534 26.460

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

78363

Educational Grant 700 University Blvd MSC 104 KINGSVILLE KLEBERG, TX

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Univ of Missouri 43-1181566 501(C)(3) 21.000 | Educational Grant 5100 Rockhill Road

| Educational Grant

18.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Kansas City, MO 64110
Univ of Pittsburgh

Office of Financial Information Pittsburgh, PA 15260

25-0965591

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0273801 501(C)(3) 13.000l South Dakota State Univ | Educational Grant

| Educational Grant

11.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

500 East Capitol Avenue PIERRE HUGHES, SD 57501 Arizona State Univ

PO Box 875812 Tempe, AZ 85287

86-0196696

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 22-1487354 501(C)(3) 11.000 Educational Grant Stevens Institute of T = = | = = | = = . .

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

61801

1406 West Green Street 243 URBANA CHAMPAIGN, IL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 48-0667209 501(c)(3) 10.250 Kansas State University | Educational Grant

102 Anderson Hall Manhattan, KS 66506 Univ of Idaho 54-1061178 501(C)(3) 9.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Educational Grant PO Box 444244875 Perimeter Moscow, ID 83844

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

| Educational Grant

Washington State Univ PO Box 641025	43-0653611	501(C)(3)	8,000		Educational Grant
Pullman, WA 99164					

8.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

North Carolina State University

Box 7205

Raleigh, NC 27695

80-0543561

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

Univ of Utah 201 S Presidents Cir Rm 406	87-6000525	501(c)(3)	7,000		Education
Salt Lake City, UT 84112					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Seattle, WA 98195

Univ of Washington 43-0653611 501(C)(3) 8.000 Educational Grant Box 352500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Univ of North Carolina at 56-6000756 501/61/21 7 0001 Educational Grant

Univ of Houston	74-6041411	501(c)(3)	6,500		Educational Grant
Charlotte 9201 University City Blvd Charlottte, NC 28223	30-0000730	301(0)(3)	7,000		Luucational Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Univ of Houston 5000 Gulf Fwy Bldg 2 Rm 219

Houston, TX 77204

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

The City College of New York 13-6000565 501(c)(3) 6,000 Educational Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10031

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49330	0013	020	
Sch	edule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
		► Complete if the org	anization answ	vered "Yes" on Form 990, Part IV,	, line 23.	<b>Z</b> U	)15	•	
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		n to Form 990. · instructions and the latest inforn	mation.	Open i	to Pul	olic	
	al Revenue Service				E 1 '1 'C'		ectio		
	ne of the organiza E FOUNDATION INC	ation			Employer identifica	tion nu	ımber		
Do	at I Ougstie	ons Regarding Compensa	tion		23-7310664				
Pa	rt I Questi	ons Regarding Compensa	tion				Yes	No	
1a				f the following to or for a person liste ny relevant information regarding the					
	First-class	or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of person					
		nification and gross-up payment	s 📙	Health or social club dues or initiation					
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b			
2				or allowing expenses incurred by all r, regarding the items checked on Lir	no 152	2			
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked on th	le lar				
3				ed to establish the compensation of the	ne				
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.				
	☐ Compens	ation committee	П	Written employment contract					
		ent compensation consultant		Compensation survey or study					
	Form 990	of other organizations		Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No	
b		· ·		lified retirement plan?		4b	Yes		
c			,	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	: III.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9					
5			_	the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b						5b		No	
	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
a	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	التلا عدما المص	the evapointies provide and a contraction	al .				
7				the organization provide any nonfixed art III		7		No	
8				red pursuant to a contract that was					
				section 53.4958-4(a)(3)? If "Yes," de				١.,	
						8		No_	
9				presumption procedure described in		9			
For F		ıction Act Notice, see the Ins			50053T Schedule		1 990)	2019	

			y Employees, and Hi					
instructions, on row (ii).	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII.		_		t individual.
(A) Name and Title	,		of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
. ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
<b>1</b> Thomas R Siegert Assistant Treasurer	(i) (ii)	426,278	135,830	27,620	37,000	10,210	636,938	
2 Karen A Galuchie Asst Secretary & Exe Dir	(i) (ii)	185,769	31,400	540	37,000	10,259	264,968	
<b>3</b> Anthony Patane Assistant Treasurer	(i)	189,150	38,500		32,565	12,330	272,545	
4 Stephen Welby Asst Secretary & Exec	(ii)					12,330		
Director	(ii)	606,148	190,000	55,235	195,266	500	1,047,149	

Schedule J (Form 990) 2019	Page <b>3</b>				
Part III Supplemental Inform	nation				
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference	Explanation				
` '	Stephen Welby, Assistant Secretary & Executive Director, of its related organization, Institute of Electrical and Electronics Engineers, Inc. is the only participant in a nonqualified, unfunded, deferred compensation plan under section 457(f) of the IRS code. Mr. Welby's Section 457(f) contribution accrual of \$165,503 is reported in Schedule J, Part II, column (c)."				

Schedule 1 (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493300013020 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** IEEE FOUNDATION INC 23-7310664 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 358,841 Fair market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( Solar Panels ) 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -		DLN:	93493300013020					
SCHEDULE ( (Form 990 or 990 EZ)  Department of the Treasu	2019 Open to Public Inspection								
Namel Betharofgamiz IEEE FOUNDATION INC 990 Schedule O,			Employer identif 23-7310664	fication number					
Return Reference		Explanation							
Form 990,Part III Line 4D Other Program Service Accomplishments	ENGAGE: a wider audience in appreciating the value ology through work of the IEEE History Center to recout the nature of technology and its relationship, both	ord, archive and educate the publ							

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	IEEE Foundation's Executive Director, President, Treasurer and Assistant Treasurer review
Part VI,	the current year's Form 990 with the Company's tax preparers. The remaining Board of Direc
Section B,	tors are sent a copy of the Form 990 before it is signed and filed for any questions they
Line 11b	may have related to its preparation and final submission to the IRS

# 990 Schedule O, Supplemental Information

D - 4....

Reference	Explanation
Form 990, Part VI, Section B,Line 12c	The IEEE Foundation's Operational Manual "Conflict of Interest" disclosure form is require d to be completed by IEEE Foundation Board Members and Committees of the Board on an annua I basis and submitted to the IEEE Operations Center. The "Conflict of Interest" responses from the disclosure forms is reviewed first by the IEEE Internal Audit Department and shou Id a potential conflict of interest exist, it shall be made known immediately to the perso n in charge of the activity(or the next higher authority if the affected individual is in charge) who, after consultation with the President and the other individuals in the activity, will advise the affected individual of the proper course of action and cause a notatio n of the action to be entered in the activity's record.

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# 990 Schedule O, Supplemental Information

Return

Reference	Explanation
Form 990, Part VI,	IEEE Foundation's governing documents,conflict of interest policy and audited financial st atements are available to the public on IEEE foundation's website.
Section C, Line 19	

Evolunation

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part V, Line

The Foundation does not have any employees nor any Unrelated business income.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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.

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

OMB No. 1545-0047 2019

DLN: 93493300013020

Open to Public Inspection **Employer identification number** 

Name of the organization IEEE FOUNDATION INC							'	l <b>oyer identi</b> 310664	ficatio	n number		
Part I Identification of Disregarded Entities. Complete if	the orgar	nization answ	ered "Ye	s" on Form	n 990, Part	IV, line 3		<del>, , , , , , , , , , , , , , , , , , , </del>				
(a)  Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	tivity	Legal dom or foreign	c) icile (state n country)	(d) Total inco	me	<b>(e)</b> End-of-year a	ssets	Direct co	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s.</b> Compl	ete if the org	anization	answered	"Yes" on I	orm 990,	Part I	V, line 34 b	ecaus	e it had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal don	c) nicile (state n country)	(d) Exempt Cod	e section	Public cl	(e) narity status n 501(c)(3))	D	(f) irect controlling entity	Section (13) co	( <b>g)</b> n 512(b ontrolle itity?
(1)INSTITUTE OF ELECTRICAL AND ELECTRONICS 445 Hoes Lane	Scientific			NY	501(c)(3)	Ş	)		NA		Yes	No No
Piscataway, NJ 08854 13-1656633											+	1
											+	+
											_	_
											$\perp$	_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	<u> </u> 90.		Ca	t. No. 5013	5Y				Sch	edule R (Form	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

Page **3** 

Pai	<b>Transactions With Related Organizations.</b> 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	No
<b>1</b> D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

							<del>                                     </del>				
p q	Reimbursement paid to related organization(s) for expenses				1p 1q	Yes	No				
	Other transfer of cash or property to related organization(s)				1r 1s		No No				
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount i	nvolve	d				
		†	†								

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	ormation						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						