Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ( (Employees' trust, see instructions.) address changed INSTITUTE OF ELECTRICAL AND ELECTRONICS **B** Exempt under section ENGINEERS, INC. Print X 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. 13-1656633 E Unrelated business activity codes 220(e) 408(e) Type (See instructions.) 445 HOES LANE 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code C Book value of all assets PISCATAWAY, NJ 08854 541800 541200 at end of year Group exemption number (See instructions.) Check organization type 

X 501(c) corporation 657,496,877. 501(c) trust Other trust  ${f H}{\ }$  Describe the organization's primary unrelated business activity.  ${f \blacktriangleright}{\ }$  ADVERTISING INCOME FROM PERIODICALS. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ IEEE CONTROLLER Telephone number ► 732-981-0060 (A) Income Part I Unrelated Trade or Business Income (B) Expenses (C) Net Gross receipts or sales 2,631,808. Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 2,631,808. 2,631,808. Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 5,527,577. 3,382,073. 2,145,504. 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 3,369,434. 379,478. 2,989,956. 11 11 103,504. 103,504. ATCH Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 13 11,632,323. 3,761,551. 7,870,772. **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 1,573,014. 15 Salaries and wages 15 Repairs and maintenance 212. 16 16 17 44. 18 Interest (attach schedule) ATTACHMENT 3 4,777. 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) ATTACHMENT 2. 157,924. 20 21

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

22

23

24

25

26

27

28

29

30

31

32

33

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2,774,564.

1,938,924.

6,449,459.

1,421,313.

1,421,313.

1,000.

22b

23

25

27

30

31

32

Less depreciation claimed on Schedule A and elsewhere on return

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Par	t III	Tax Computation			
35	Organi	zations Taxable as Corporations. See instructions for tax computation. Controlled group			
	member	rs (sections 1561 and 1563) check here   X See instructions and:			
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$	16,667. (2) \$ 8,333. (3) \$ 3,308,333.			
b	Enter or	ganization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
		tional 3% tax (not more than \$100,000)			
С			35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amo	ount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy ta		37		
38			38	20,	426.
39	Tax on	Non-Compliant Facility Income. See instructions	39		
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whichever applies	40	20,	426.
Par	t IV	Tax and Payments			
41 a		tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
		redits (see instructions)			
		business credit. Attach Form 3800 (see instructions)			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
			41e		
42			42	20,	426.
43			43		
44	Total ta	x. Add lines 42 and 43,	44	20,	426.
45 a	Paymen	ts: A 2016 overpayment credited to 2017			
	•	timated tax payments			
		osited with Form 8868			
		organizations: Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
f	Credit fo	or small employer health insurance premiums (Attach Form 8941)			
g	Other co	redits and payments: Form 2439			
	F	orm 4136 Other Total ▶ 45g			
46			46	95,	543.
47	Estimate	ed tax penalty (see instructions). Check if Form 2220 is attached	47		139.
48	Tax due	. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ _	48		
49	Overpay	/ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ _	49		<u>978.</u>
50		unitarit ti mit to jun itarit unit unit unit unit unit unit unit un	50	74,	978.
Par		Statements Regarding Certain Activities and Other Information (see instructions)		Т	Т
51		time during the 2017 calendar year, did the organization have an interest in or a signature or		Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fi	oreign country		
	here <b>&gt;</b>	SEE FEDERAL FOOTNOTES		X	<u> </u>
52	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	ın trust?		X
	If YES, s	ee instructions for other forms the organization may have to file.			
<u>53</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$			1
	tru	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my knowledge	and be	iler, it is
Sigr		The R Search	the IRS discus	s this	return
Here	_		the preparer		
	Si			Yes	No
Paid		Print/Type preparer's name Preparer's signature Date Check			
Prep	arer	self-em	nployed		
Use		Firm's name Firm's I	EIN ►		
	,	Firm's address Phone	no.		

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Par		Tax Computation								
35		zations Taxable as Corporations. See	instructions for tax comp	outatio	n. Controlled ar	oup				
•	_	s (sections 1561 and 1563) check here ►			•• g.					
а		our share of the \$50,000, \$25,000, and \$9.		ackets	(in that order):					
_	(1) \$	16,667.   (2) \$			,333.					
b		ganization's share of: (1) Additional 5% tax (not r								
~		tional 3% tax (not more than \$100,000)								
С		tax on the amount on line 34					35c			
36	Trusts		ructions for tax compu							
	the amo	ount on line 34 from: Tax rate schedule or	Schedule D (Form 10	041)		<b>&gt;</b>	36			
37		ax. See instructions					37			
38	•	ive minimum tax					38		20,4	426.
39	Tax on	Non-Compliant Facility Income. See instructions					39			
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whiche	ver applies				40		20,4	426.
Par	t IV	Tax and Payments								
41 a	Foreign	tax credit (corporations attach Form 1118; trusts	s attach Form 1116)	41a						
b	Other ci	redits (see instructions)		41b						
С	General	business credit. Attach Form 3800 (see instruction	ons)	41c						
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8	8827)	41d						
е	Total cr	edits. Add lines 41a through 41d					41e			
42	Subtrac	t line 41e from line 40					42		20,4	426.
43	Other tax	tes. Check if from: Form 4255 Form 8611	Form 8697 Form 886	66	Other (attach sched	ule) .	43			
44		x. Add lines 42 and 43			<u>.</u> . <u>.</u>		44		20,4	426.
		ts: A 2016 overpayment credited to 2017		45a		28.				
		timated tax payments		45b	82,5					
С	Tax dep	osited with Form 8868		45c	7,3	38.				
	•	organizations: Tax paid or withheld at source (se		45d						
		withholding (see instructions)								
		or small employer health insurance premiums (At		45f						
g		redits and payments: Form 243								
			Total ▶						٥- ١	<b>- 4</b> 2
46		ayments. Add lines 45a through 45g				$\overline{}$	46			543.
47		ed tax penalty (see instructions). Check if Form 2					47		-	139.
48		If line 46 is less than the total of lines 44 and 4					48		71 (	978.
49		yment. If line 46 is larger than the total of lines		aid			49 50			978. 978.
50 Par		s amount of line 49 you want: Credited to 2018 estime Statements Regarding Certain Ac		arma	Refunde				/4,2	970.
51		time during the 2017 calendar year, did t						uthority	Yes	No
٠.		financial account (bank, securities, or other								
		Form 114, Report of Foreign Bank and	,				•			
		SEE FEDERAL FOOTNOTES		, 0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	
52		he tax year, did the organization receive a distril	hution from or was it the gran	ntor of	or transferor to a	forei	an trust?			Х
-	J	ee instructions for other forms the organization m	,	11101 01,	or transition to, c	10101	gir truot: •			
53		e amount of tax-exempt interest received or acc								
	Ur	nder penalties of perjury, I declare that I have examined th	is return, including accompanying sch			the b	est of my l	knowledge	and bel	ief, it is
Sigr	tru	e, correct, and complete. Declaration of preparer (other than tax	payer) is based on all information of whice	ich prepa	rer has any knowledge.		the ID	مثلم	. 4la.l.c	rot
Her		HOMAS R. SIEGERT	10/22/2018 CFO	& AS	ST TREASURER		y the IRS h the pr			
		gnature of officer	Date Title			_	e instructions		es	No
	•	Print/Type preparer's name	Preparer's signature	D	ate	Chec	k if	PTIN		
Paid							mployed			
Prep		Firm's name					EIN ►			
use	Only	Firm's address				Phone	2 00			

Form 990-1 (2017)									Pa	age <b>3</b>
Schedule A - Cost of Go	oods Sold. Er	ter method	of invent							
1 Inventory at beginning of y	ear <b>1</b>			6 Inventor	y at end	of ye	ar	6		
2 Purchases	2						old. Subtract line			
3 Cost of labor	3			6 from	line 5	. Er	nter here and in			
4a Additional section 263A co	osts			Part I, li	ne 2			7		
(attach schedule)	4a						section 263A (w	vith respect to	Yes	No
<b>b</b> Other costs (attach schedu							or acquired for			
5 Total. Add lines 1 through	-, -									
Schedule C - Rent Income		roperty a	nd Perso	nal Proper	v Leas	ed V	With Real Proper	rtv)		
(see instructions)	(				,			-77		
1. Description of property										
(4)										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed				_			
(a) From personal property (if the		. ,		d personal prope	•			irectly connected with		ne
for personal property is more th more than 50%)				for personal property exceeds is based on profit or income)			in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2	b). Enter					(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	, column (A)	▶					Part I, line 6, colur			
Schedule E - Unrelated D	ebt-Financed I	<b>ncome</b> (se	e instruct	tions)						
			2. Gross	income from or		3.	Deductions directly cor		ble to	
<ol> <li>Description of del</li> </ol>	ot-financed property			to debt-financed	(2) (	Straig	ht line depreciation	anced property		
			ļ r	oroperty	(a) \		ach schedule)	(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adju	sted basis								
acquisition debt on or	of or alloca	ble to		. Column divided			income reportable	8. Allocable de (column 6 x total		e
allocable to debt-financed property (attach schedule)	debt-financed (attach sch			column 5	(0	colum	n 2 x column 6)	3(a) and 3		3
	(attaon con	<u>Jauroj</u>			%					
(1)										
(2)					%					
(3)					%					
(4)					%					
							re and on page 1, ne 7, column (A).	Enter here and Part I, line 7, co		
					'	,	15 1, 00idiilii (A).	i ait i, iii 6 7, 00	, (D)	•
Totals				)	▶					
Total dividends-received deduct	ions included in c	olumn 8 🔒 🔒					<u> </u>			

Schedule F - Interest, Annu	ities, Royalties	, and Rent	ts From Contro	lled Or	ganizati	ons (see	instructio	ns)	_
		Exem	pt Controlled O	ganizatio	ons				
Name of controlled organization	2. Employer identification number	51	et unrelated income s) (see instructions)		of specified ents made	included	f column 4 th in the contro ion's gross in	olling	6. Deductions directly connected with income in column 5
(1) ATTACHMENT 5									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations	·							
7. Taxable Income	8. Net unrelated in (loss) (see instruct		<ol><li>Total of specification</li><li>payments mad</li></ol>		include	t of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals		 tion 501(c		<b>►</b> 7) Orga	Enter I Part I	columns 5 a here and on line 8, column 527, 577 (see inst	page 1, mn (A).	Ent Pai	d columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	•	3. Dedu directly co (attach so	ctions nnected	ns 4. Set-asides		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
(4)									
	Enter here and o Part I, line 9, co								Enter here and on page 1 Part I, line 9, column (B).
Totals ▶									
Schedule I - Exploited Exe	empt Activity Inc	ome, Oth	er Than Advert	ising In	come (s	ee instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business inc	with or business 2 minus co	ted trade (column blumn 3). compute	from ac	Gross income from activity that is not unrelated business income      G. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	art I,						Enter here and on page 1, Part II, line 26.
Totals		(' )							
Schedule J - Advertising In	•								
Part I Income From Per	lodicals Report	ed on a Co	onsolidated Ba	SIS			1		
1. Name of periodical	2. Gross advertising income	3. Direct advertising	2 minua	ss) (col. col. 3). If compute		culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <sub>ALL PERIODICALS</sub>	3,369,434.	379,4	78.		3,91	6,432.	6,690,	996.	
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	3,369,434.	379,	478. 2,989	,956.	3,91	6,432.	6,690	,996	. 2,774,564.

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13-1656633

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	3,369,434.	379,478.				2,774,564.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	3,369,434.	379,478.				2,774,564.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		_	

Form **990-T** (2017)

## Form **2220**Department of the Treasury

ENGINEERS, INC.

#### **Underpayment of Estimated Tax by Corporations**

► Attach to the corporation's tax return.

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Internal Revenue Service

INSTITUTE OF ELECTRICAL AND ELECTRONICS

Employer identification number

13-1656633

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	t I Required Annual Payment							
								00 406
1	Total tax (see instructions)						1	20,426.
_								
2a	Personal holding company tax (Schedule PH (For							
b	Look-back interest included on line 1 under sec			´				
	contracts or section 167(g) for depreciation under	the ir	ncome forecast method	2b				
С	Credit for federal tax paid on fuels (see instru	ıctio	ne)	2c				
	<b>Total.</b> Add lines 2a through 2c			· ·			2d	
d 3	Subtract line 2d from line 1. If the result is						-	
3	doesn't owe the penalty			•		•	3	20,426.
4	Enter the tax shown on the corporation's 20							20/120.
4	the tax year was for less than 12 months,						4	
	the tax year was for loss than 12 mentile,	Olup	tino inio ana onto: tilo a					
5	Required annual payment. Enter the smalle	er of	line 3 or line 4. If the corr	noration is	required to sl	cin line 4 enter		
•	the amount from line 3						5	20,426.
Par	Reasons for Filing - Check the	e bo	exes below that appl	ly. If any	boxes are	checked, th	e cor	
	Form 2220 even if it doesn't over	we a	a penalty. See instruc	ctions.			·	•
6	The corporation is using the adjusted	seas	onal installment method.					
7	The corporation is using the annualize	d in	come installment method.					
8	The corporation is a "large corporation	" fig	uring its first required inst	tallment bas	sed on the prid	or year's tax.		
Part	Figuring the Underpayment							
			(a)	(	b)	(c)		(d)
9	Installment due dates. Enter in columns (a)							
	through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months							
	of the corporation's tax year	9	04/18/2017	06/1	5/2017	09/15/	2017	7 12/15/2017
10	Required installments. If the box on line 6							
	and/or line 7 above is checked, enter the							
	amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes							
	are checked, enter 25% (0.25) of line 5 above in					_		
	each column	10	5,107.		5,107.	5,	<u>107.</u>	5,105.
11	Estimated tax paid or credited for each period.							
	For column (a) only, enter the amount from		F 600					00 555
	line 11 on line 15. See instructions.	11	5,628.					82,577.
	Complete lines 12 through 18 of one column							
40	before going to the next column.	4.0			521.			
12	Enter amount, if any, from line 18 of the preceding column	12 13			521.			82,577.
13	Add lines 11 and 12				JZI.	1	586.	
14	Add amounts on lines 16 and 17 of the preceding column	15	5,628.		521.	4,	560.	72,884.
15	Subtract line 14 from line 13. If zero or less, enter -0-	13	J,UZO.		J			/2,004.
16	If the amount on line 15 is zero, subtract line 13	16				Δ	586.	
17	from line 14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to	10				<u> </u>	500.	
.,	line 10, subtract line 15 from line 10. Then go to							
	line 12 of the next column. Otherwise, go to	17			4,586.	5	107.	
18	Overpayment. If line 10 is less than line 15,				1,500.	<i>J</i> ,	<u> </u>	
	subtract line 10 from line 15. Then go to line 12 of the next column	18	521.					

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

Form 2220 (2017) Page **2** 

P	art IV Figuring the Penalty						
			(a)		(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations						
	with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use						
	5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the $$						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21					
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$		\$	\$
23	Number of days on line 20 after 6/30/2017 and before 10/1/2017	23	ATTACHME	NT	1		
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	*	\$		\$	\$
	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25	SEE PENAI	TY	COMPUTA	TION WHITE	PAPER DETAII
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	\$	\$		\$	\$
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27					
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	28	\$	\$		\$	\$
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29					
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$		\$	\$
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31					
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$		\$	\$
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33					
34	Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	\$	\$		\$	\$
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35					
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36	\$	\$		\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$		\$	\$
	Penalty. Add columns (a) through (d) of line 37. Enter the to			•	, line 33; or th		
	line for other income tax returns					38	\$ 139.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2017)

### **Alternative Minimum Tax - Corporations**

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

iame	INSTITUTE OF ELECTRICAL AND ELECTRONICS	Employe	er identification number
	ENGINEERS, INC.	<u>,13</u>	-1656633
	<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from a alternative minimum tax (AMT) under section 55(e).	the	
1	Taxable income or (loss) before net operating loss deduction	1	1,421,313.
2	Adjustments and preferences:		
а	Depreciation of post-1986 property		
b	Amortization of certified pollution control facilities	I	
С.	Amortization of mining exploration and development costs	• • —	
d	Amortization of circulation expenditures (personal holding companies only)		
e f	Long-term contracts	• • —	
g	Merchant marine capital construction funds		
9 h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		
i	Tax shelter farm activities (personal service corporations only)		
j	Passive activities (closely held corporations and personal service corporations only)		
k	Loss limitations	2k	1
- 1	Depletion		
m	Tax-exempt interest income from specified private activity bonds		
n	Intangible drilling costs	2r	_
0	Other adjustments and preferences		
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	3	1,421,313.
4	Adjusted current earnings (ACE) adjustment:  ACE from line 10 of the ACE worksheet in the instructions	2	
a b	ACE from line 10 of the ACE worksheet in the instructions	٥.	
	as a negative amount. See instructions		
С	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)		
·	If line 4b is zero or more, enter the amount from line 4c	46	
	• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	•	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	. 5	1,421,313.
6	Alternative tax net operating loss deduction. See instructions SEE STATEMENT 4		1
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a resid		140 105
_	interest in a REMIC, see instructions		142,131.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0 8a		
b	Multiply line 8a by 25% (0.25)		
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled gro	up.	
·	see instructions. If zero or less, enter -0-		40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-		· ·
10	Multiply line 9 by 20% (0.20)		20,426.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		
12	Tentative minimum tax. Subtract line 11 from line 10		
13	Regular tax liability before applying all credits except the foreign tax credit		-
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and		00 406
or Pa	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	20,426. Form <b>4626</b> (2017)

#### **Adjusted Current Earnings (ACE) Worksheet**

Keep for Your Records

See ACE Worksheet Instructions.

1	Pre-adjustment AMTI . Enter the amount from line 3 of Form 4626.	1	1,421,313.
2	ACE depreciation adjustment:		
	a AMT depreciation		
	<b>b</b> ACE depreciation:		
	(1) Post-1993 property		
	(2) Post-1989, pre-1994 property		
	(3) Pre-1990 MACRS property		
	(4) Pre-1990 original ACRS property 2b(4)		
	(5) Property described in sections 168(f)(1) through		
	(4)		
	(6) Other property		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a.	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
	a Tax-exempt interest income		
	b Death benefits from life insurance contracts 3b		
	c All other distributions from life insurance contracts (including surrenders) 3c		
	d Inside buildup of undistributed income in life insurance contracts		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial		
	list)		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P:		
	a Certain dividends received 4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014,		
	128 Stat. 4043)		
	C Dividends paid to an ESOF that are deductible under section 404(k)		
	d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d		
	u Nonpatronage dividends that are paid and deductible dider section 1302(c)		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) 4e		
	C Other Roma (See Regulations sections 1.55(g) 1(d)(o)(i) and (ii) for a partial field).		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
	a Intangible drilling costs 5a		
	b Circulation expenditures		
	c Organizational expenditures		
	d LIFO inventory adjustments		
	e Installment sales		
	f Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of		
	Form 4626	10	1,421,313.

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#### PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
QUARTER 2, RA	ATE PERIOD 1 (06	5/15/2017 -	05/15/2018)	_		
12/11/2017 TOTAI	4,586. L TO FORM 2220,		12/11/2017 DLUMN B	 179	4	90.
QUARTER 3, RA	ATE PERIOD 1 (09	9/15/2017 -	05/15/2018)	_		
12/11/2017 TOTAI	5,107. L TO FORM 2220,		12/11/2017 DLUMN C	87	4	49. 49.
TOTAL UNDER	PAYMENT PENALTY					<u> </u>

ATTACHMENT 1	/F:NT 1
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FORM 990-T - PART I - LINE 12 - OTHER INCOME

INTERCOMPANY SHARED SERVICE REVENUE

103,504.

PART I - LINE 12 - OTHER INCOME

103,504.

ATTACHMENT 2

#### FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	7,870,772.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	6,291,535.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	157,924.
CHARITABLE CONTRIBUTION	3,846,800.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	157,924.

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ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

OTHER INTEREST EXPENSE

PART II - LINE 18 - INTEREST

44

#### ATTACHMENT 4

#### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

#### DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

COMMISSION	2,448.
EMPLOYEE TAXES & INSURANCE	563,691.
CONSULTANTS & CONTRACTORS	666,685.
HONORARIA	12,000.
INSURANCE	18,234.
RENTS	26,900.
OFFICE SUPPLIES	2,831.
TELEPHONE & INTERNET	12,123.
EXTERNAL SERVICES PURCHASED	420,000.
BANK FEE & CREDIT CARD CHARGE	2,004.
COMPUTER & SOFTWARE CHARGES	68,501.
POSTAGE & EXPRESS CARRIERS	723.
G&A EXPENSES	123,450.
TRAVEL	13,803.
MEALS AND ENTERTAINMENT	1,116.
ADVERTISING	2,071.
LEGAL & PROFESSIONAL FEES	2,344.

PART II - LINE 28 - OTHER DEDUCTIONS 1,938,924.

#### SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS

ATTACHMENT 5

		EXEMPT CONTROLLED ORGANIZATION				NONEXEMP	T CONTROLLED	ORGANIZATION		
				5.					10.	
				PART OF COLUMN	6.				PART OF COLUMN	11.
				(4) THAT	DEDUCTIONS				(9) THAT	DEDUCTIONS
			4.	IS INCLUDED	DIRECTLY		8.	9.	IS INCLUDED	DIRECTLY
	2.		TOTAL OF	IN THE	CONNECTED		NET	TOTAL OF	IN THE	CONNECTED
1.	EMPLOYER	3.	SPECIFIED	CONTROLLING	WITH	7.	UNRELATED	SPECIFIED	CONTROLLING	WITH
NAME OF CONTROLLED	IDENTIFICATION	NET UNRELATED	PAYMENTS	ORGANIZATION'S	INCOME IN	TAXABLE	INCOME	PAYMENTS	ORGANIZATION'S	INCOME IN
ORGANIZATION	NUMBER	INCOME (LOSS)	MADE	GROSS INCOME	COLUMN (5)	INCOME	(LOSS)	MADE_	GROSS INCOME	COLUMN (10)
IEEE, INC.	20-8766830					-2,038,604.		1,545,767.	1,545,767.	
IEEE GLOBALSPEC, INC.	14-1816368					-3,381,417.		3,981,810.	3,981,810.	3,382,073.
									TOTAL OF	TOTAL OF
									COLUMN 5 &	COLUMN 6 &
									COLUMN 10	COLUMN 11
								TOTALS	5,527,577.	_3,382,073.

#### FEDERAL FOOTNOTES

FORM 990-T - PART V - LINE 1 - FOREIGN COUNTRIES WITH FINANCIAL ACCOUNTS

\_\_\_\_\_\_

ARGENTINA

AUSTRALIA

AUSTRIA

BANGLADESH

BELARUS

BELGIUM

BOSNIA-HERZEGOVINA

BRAZIL

BULGARIA

CANADA

CHILE

CHINA

COLOMBIA

COSTA RICA

CYPRUS

CZECH REPUBLIC

DENMARK

**ECUADOR** 

EL SALVADOR

ETHIOPIA

FINLAND

FRANCE

**GERMANY** 

GHANA

GREECE

GUATEMALA

HONDURAS

HUNGARY

ICELAND

INDIA

INDONESIA

ISRAEL

ITALY

JAPAN

JORDAN

KENYA

KOREA, REPUBLIC OF (SOUTH)

KUWAIT

LEBANON

LITHUANIA

MACEDONIA

MALAYSIA

MALTA

MEXICO

NEW ZEALAND

NICARAGUA

NIGERIA

NORWAY

PAKISTAN

PANAMA

PERU

PHILIPPINES

POLAND

PORTUGAL

ROMANIA

RUSSIA

SAUDI ARABIA

SINGAPORE

SLOVENIA

SOUTH AFRICA

SPAIN

SRI LANKA

SWEDEN

SWITZERLAND

TAIWAN

THAILAND

TRINIDAD AND TOBAGO

TUNISIA

TURKEY

UKRAINE

UNITED ARAB EMIRATES

UNITED KINGDOM (ENGLAND, N. IRELAND, SCOTLAND, AND WALES)

URUGUAY

VENEZUELA

VIETNAM

FORM 990-T, PAGE 1 DETAIL

LINE 20 - CONTRIBUTION CARRYOVER - 10% INCOME CAP

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CONVERTED TO NOL CARRYOVER	CARRYOVER TO NEXT YEAR
12/31/2017	3,846,800.	157,924.		3,688,876.
TOTAL	3,846,800.	157,924.		3,688,876.

FORM 990-T, PAGE 1 DETAIL

\_\_\_\_\_\_

LINE 31 - NON-SRLY NOL DEDUCTION

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT USED	CONVERTED CONTRIBUTIONS	CARRYOVER TO NEXT YEAR
12/31/2007 12/31/2008 12/31/2009 12/31/2010 12/31/2011 12/31/2012 12/31/2013 12/31/2014 12/31/2015	152,145. 347,489. 1,073,681. 542,252. 678,457. 668,044. 677,836. 469,359. 1,159,635.	152,145. 347,489. 921,679.		152,002. 542,252. 678,457. 668,044. 677,836. 469,359. 1,159,635.
TOTAL	5,768,898. ========	1,421,313.	===========	4,347,585.

#### FORM 4626 DETAIL

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LINE 20 - OTHER	ADJUSTMENTS - CONTRI	BUTIONS DEDUCTION	
DOMESTIC PROD  2. LESS: NOL CAD  3. PLUS: CAPITA  4. AMTI WITHOUT DEDUCTIONS, NOL CARRYBAC  5. CONTRIBUTION	L LOSS CARRYBACK REGARD TO CONTRIBUT DOMESTIC PRODUCTION KS, AND CAPITAL LOSS DEDUCTION LIMITATION	DEDUCTION) FIONS, SPECIAL ACTIVITIES DEDUCTION, CARRYBACKS ON (AMTI X 10%)	1,579,237. 1,579,237. 157,924.
	DUCTIBLE CONTRIBUTION  DEDUCTION (LESSER (	ONS OF LINE 5 OR LINE 6)	3,846,800.  157,924.
	IONS CARRYOVER - 108	MOUNT UTILIZED	CARRYOVER TO NEXT YEAR
12/31/2017	3,846,800.	157,924.	3,688,876.
TOTAL	3,846,800.	157,924. =========	3,688,876.
LINE 20 - CONTRI	BUTIONS ADJUSTMENT		
REGULAR CONTRIBUTION			157,924. 157,924.
CONTRIBUTION ADJ	USTMENT		NONE

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#### FORM 4626 DETAIL

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LINE (	6 –	AMT	NET	OPERATING	LOSS	DEDUCTION
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TOTAL NOL DEDUCTION AVAILABLE FOR THIS YEAR	5,806,184.
TOTAL PREFERENCES INCLUDED IN CARRYOVER ALTERNATIVE TAX NOL BEFORE LIMITATION AMTI RECOMPUTED FOR NOL	5,806,184. 1,279,182.
SECTION 382 NOL DEDUCTION SRLY NOL DEDUCTION	1,279,102.
NON-SRLY NOL DEDUCTION	1,279,182.
AMT NET OPERATING LOSS DEDUCTION	1,279,182.

#### FORM 4626 DETAIL

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LINE 6 - NON-SRLY AMT NOL DEDUCTION

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT USED	CARRYOVER TO NEXT YEAR
12/31/2007 12/31/2008 12/31/2009 12/31/2010 12/31/2011 12/31/2012 12/31/2013 12/31/2014 12/31/2015	189,431. 347,489. 1,073,681. 542,252. 678,457. 668,044. 677,836. 469,359. 1,159,635.	189,431. 347,489. 742,262.	331,419. 542,252. 678,457. 668,044. 677,836. 469,359. 1,159,635.
TOTAL	5,806,184.	1,279,182.	4,527,002.



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2017
Notice date	May 21, 2018
Employer ID number	13-1656633
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

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INSTITUTE OF ELECTRICAL AND IEEE 445 HOES LN PISCATAWAY NJ 08854-4141



026870

Important information about your December 31, 2017 Form 990T

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2017 Form 990T.

Your new due date is November 15, 2018.

#### What you need to do

File your December 31, 2017 Form 990T by November 15, 2018.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.