

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2015

For calendar year 2015 or other tax year beginning, 2015, and ending, 20

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form section H: Describe the organization's primary unrelated business activity. ADVERTISING INCOME FROM PERIODICALS. I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. J: The books are in care of IEEE CONTROLLER Telephone number 732-981-0060.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 2,658,603; 1c Balance 2,658,603; 3 Gross profit 2,658,603; 11 Advertising income 10,796,662; 13 Total 13,455,265; 14 Compensation of officers 1,913,315; 17 Bad debts 10; 27 Excess readership costs 5,011,835; 28 Other deductions ATTACHMENT 1 1,904,913; 29 Total deductions 8,830,073; 30 Unrelated business taxable income before net operating loss deduction -1,159,635; 31 Net operating loss deduction -1,159,635; 32 Unrelated business taxable income before specific deduction -1,159,635; 34 Unrelated business taxable income -1,159,635.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees (Schedule K); 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (attach schedule) ATTACHMENT 1; 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13; 31 Net operating loss deduction (limited to the amount on line 30); 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30; 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions); 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34. 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041). 36
37 Proxy tax. See instructions. 37
38 Alternative minimum tax. 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40a
b Other credits (see instructions). 40b
c General business credit. Attach Form 3800 (see instructions). 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 40d
e Total credits. Add lines 40a through 40d. 40e
41 Subtract line 40e from line 39. 41
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule). 42
43 Total tax. Add lines 41 and 42. 43 0.
44 a Payments: A 2014 overpayment credited to 2015. 44a
b 2015 estimated tax payments. 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions). 44d
e Backup withholding (see instructions). 44e
f Credit for small employer health insurance premiums (Attach Form 8941). 44f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g. 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. [] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax [] Refunded [] 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ATTACHMENT 2 Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 1
2 Purchases. 2
3 Cost of labor. 3
4a Additional section 263A costs (attach schedule). 4a
b Other costs (attach schedule). 4b
5 Total. Add lines 1 through 4b. 5
6 Inventory at end of year. 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here THOMAS R. SIEGERT Signature of officer Date 10/31/16 Title CFO & ASST TREASURER
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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) ALL PERIODICALS	10,796,662.	5,784,827.		11,146,986.	20,381,400.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	10,796,662.	5,784,827.	5,011,835.	11,146,986.	20,381,400.	5,011,835.

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 ▶	10,796,662.	5,784,827.				5,011,835.
Totals , Part II (lines 1-5) ▶	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) ▶	10,796,662.	5,784,827.				5,011,835.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total . Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ADVERTISING	6,297.
COMMISSION	687.
EMPLOYEE TAXES & INSURANCE	678,826.
SYSTEM INTEGRATION	34,548.
CONSULTANTS/CONTRACTORS	528,082.
HONORARIA	71,509.
INSURANCE	20,213.
RENTS	27,115.
OFFICE SUPPLIES	8,143.
TELEPHONE & INTERNET	25,181.
EXTERNAL SERVICES PURCHASED	420,000.
CREDIT CARD CHARGE	3,219.
SOFTWARE	120,563.
POSTAGE & EXPRESS CARRIERS	8,458.
REIMBURSEMENT	-237,500.
G&A EXPENSES	112,847.
TRAVEL, MEALS AND ENTERTAINMENT	36,389.
OTHER EXPENSES	40,336.

PART II - LINE 28 - OTHER DEDUCTIONS

1,904,913.

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

ARGENTINA	KUWAIT
AUSTRALIA	LEBANON
AUSTRIA	LITHUANIA
BANGLADESH	MACAU
BELARUS	MACEDONIA
BELGIUM	MALAYSIA
BOSNIA-HERZEGOVINA	MALTA
BRAZIL	MEXICO
BULGARIA	NEW ZEALAND
CANADA	NICARAGUA
CHILE	NIGERIA
CHINA	NORWAY
COLOMBIA	PAKISTAN
COSTA RICA	PANAMA
CYPRUS	PERU
CZECH REPUBLIC	PHILIPPINES
DENMARK	POLAND
ECUADOR	PORTUGAL
EL SALVADOR	PUERTO RICO
ETHIOPIA	ROMANIA
FINLAND	RUSSIA
FRANCE	SAUDI ARABIA
GERMANY	SINGAPORE
GHANA	SLOVENIA
GREECE	SOUTH AFRICA
GUATEMALA	SPAIN
HONDURAS	SRI LANKA
HONG KONG	SWEDEN
HUNGARY	SWITZERLAND
ICELAND	TAIWAN
INDIA	THAILAND
INDONESIA	TRINIDAD AND TOBAGO
IRELAND	TURKEY
ISRAEL	UKRAINE
ITALY	UNITED ARAB EMIRATES
JAPAN	UNITED KINGDOM
JORDAN	URUGUAY
KENYA	VENEZUELA
KOREA, REPUBLIC OF (SOUTH)	VIETNAM

ATTACHMENT 3NET OPERATING LOSS CARRYOVER SCHEDULE

BEGINNING LOSS PERIOD	ENDING LOSS PERIOD	AMOUNT OF NOL	AMOUNT USED IN PRIOR PERIOD	AMOUNT AVAILABLE THIS YEAR	AMOUNT USED THIS YEAR	NOL AVAILABLE FOR CARRYOVER	CUMULATIVE UNUSED NOL
1/1/2007	12/31/2007	325,957	-	325,957	-	325,957	325,957
1/1/2008	12/31/2008	347,489	-	347,489	-	347,489	673,446
1/1/2009	12/31/2009	1,073,681	-	1,073,681	-	1,073,681	1,747,127
1/1/2010	12/31/2010	542,252	-	542,252	-	542,252	2,289,379
1/1/2011	12/31/2011	678,457	-	678,457	-	678,457	2,967,836
1/1/2012	12/31/2012	668,044	-	668,044	-	668,044	3,635,880
1/1/2013	12/31/2013	677,836	-	677,836	-	677,836	4,313,716
1/1/2014	12/31/2014	469,359	-	469,359	-	469,359	4,783,075
1/1/2015	12/31/2015	1,159,635	-	1,159,635	-	1,159,635	5,942,710

Form 8868 (Rev. January 2014) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions. INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INC. Employer identification number (EIN) or 13-1656633. Number, street, and room or suite no. If a P.O. box, see instructions. 445 HOES LANE. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PISCATAWAY, NJ 08854. Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 990-T (corporation), Form 1041-A, Form 4720 (other than individual), Form 5227, Form 6069, Form 8870.

IEEE CONTROLLER

The books are in the care of 445 HOES LANE PISCATAWAY, NJ 08854

Telephone No. 732 981-0060 FAX No. 732 562-6832

- If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2015 or tax year beginning, 20, and ending, 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

JSA

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