

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: SAE Industry Technologies Consortia, % BRIAN TRYBEND, Doing business as, 400 Commonwealth Drive, Warrendale, PA 15096

D Employer identification number: 20-4860294, E Telephone number: (724) 772-4009, G Gross receipts \$ 6,393,217

F Name and address of principal officer: BRIAN TRYBEND, 400 Commonwealth Drive, Warrendale, PA 15096

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No

I Tax-exempt status: 501(c)(3), 501(c)(6), 4947(a)(1), 527

J Website: sae-itc.org

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2004, M State of legal domicile: PA

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and asset/liability totals.

Part II Signature Block

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.

any knowledge.

**Sign Here**

Signature of officer: BRIAN TRYBEND Interim EVP/COO  
 Date: 2022-09-30

Type or print name and title

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**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01240455
Firm's name ▶ BDO USA			Firm's EIN ▶	
Firm's address ▶ 339 SIXTH AVE 8TH FL PITTSBURGH, PA 15222			Phone no. (412) 281-2501	

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2022)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF SAE INDUSTRY TECHNOLOGIES CONSORTIA IS TO ENABLE INDUSTRIES TO CONNECT, COLLABORATE AND POSITIVELY IMPACT GLOBAL INDUSTRIES BY EMPOWERING IMPLEMENTATION OF PRE-COMPETITIVE SOLUTIONS AND INNOVATIVE TECHNOLOGIES THROUGH TRUSTED RELATIONSHIPS BETWEEN PUBLIC, PRIVATE, ACADEMIC AND GOVERNMENT ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
ARINC INDUSTRY ACTIVITIES (ARINC IA) - NATIONAL AND INTERNATIONAL MEETINGS; STANDARDS DEVELOPMENT PROGRAMS, DATA MANAGEMENT.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PROBITAS AUTHENTICATION - TRAINING AND AUDITOR/SKILLED PERSONNEL AUTHENTICATION PROGRAM.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
AUTOMATED VEHICLE SAFETY CONSORTIUM (AVSC) -PUBLICATION OF BEST PRACTICES AND PRINCIPLES.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		

		<b>5</b>	Yes	
<b>6</b>	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, Part I</i>	<b>6</b>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b>	Yes	
<b>b</b>	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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	Yes	
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	Yes	
<b>b</b>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	Yes	
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>		No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No

<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<b>2a</b>	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>2a</b>		27		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<b>4a</b>			No	



Check if Schedule O contains a response or note to any line in this part.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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.; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O); 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: BRIAN TRYBEND 400 COMMONWEALTH DRIVE Warrendale, PA 15096 (724) 776-4841

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) DAVID L SCHUTT PHD PRESIDENT, EX-OFFICIO	7.0 ..... 33.0	X		X			0	1,375,237	51,547
(2) BRIAN TRYBEND See Schedule O	8.0 ..... 32.0			X			0	345,000	62,708
(3) MICHAEL MCNAIR SAE ITC VICE PRESIDENT	40.0 ..... 0.0				X		205,750	0	41,497
(4) EDWARD STRAUB SAE ITC VICE PRESIDENT	40.0 ..... 0.0					X	198,470	0	37,616
(5) MICHAEL ROCKWELL EXECUTIVE DIRECTOR, ARINC	40.0 ..... 0.0			X			205,929	0	28,998
(6) PETER DOTY SAE ITC VICE PRESIDENT	40.0 ..... 0.0				X		207,000	0	22,614
(7) SAM BUCKWALTER LEAD PRINCIPAL ENG. SPECIALIST	40.0 ..... 0.0				X		176,031	0	39,834
(8) LISA SPELLMAN SR. BUS. DEVEL. MGR SPECIALIST	40.0 ..... 0.0				X		174,037	0	38,464
(9) LAURIE STROM CHAIRWOMAN (THRU 06/22)	33.0 ..... 7.0			X			166,223	0	18,641
(10) JOSEPH STANLEY SECR./TREASURER (AS OF 12/22)	12.0 ..... 28.0			X			0	117,341	30,453
(11) ALAN BERGER CHAIR AND DIRECTOR	3.0 ..... 0.0	X					0	0	0
(12) ISABELLE CARON DIRECTOR	3.0 ..... 0.0	X					0	0	0
(13) DEL COSTY DIRECTOR	3.0 ..... 0.0	X					0	0	0
(14) ORI MAROM DIRECTOR	3.0 ..... 0.0	X					0	0	0



<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ <b>1</b>		

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Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any 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
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, gifts, grants, and membership dues and other amounts				
<b>1c</b> Fundraising events				
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above				
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$				
<b>h Total.</b> Add lines 1a-1f	0			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
<b>2a</b> MEMBERSHIP DUES	541700	3,236,581	3,236,581	
<b>2b</b> CERTIFICATION FEES	541700	1,376,934	1,376,934	
<b>2c</b> TRADE SHOW AND SPONSORSHIPS REVENUE	541700	729,544	729,544	
<b>2d</b> TECHNICAL ACTIVITIES	541700	195,694	195,694	
<b>2e</b> MANAGEMENT FEES	541700	181,686	181,686	
<b>2f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a-2f.		5,720,439		

<b>3</b> Investment income (including dividends, interest, and other similar amounts)		0		
<b>4</b> Income from investment of tax-exempt bond proceeds		0		
<b>5</b> Royalties		672,778	672,778	
<b>6a</b> Gross rents	(i) Real			
	(ii) Personal			
	<b>6c</b> Rental income or (loss)	0	0	
<b>d</b> Net rental income or (loss)		0		
<b>7a</b> Gross amount	(i) Securities			
	(ii) Other			

<b>Other Revenue</b>	from sales of assets other than inventory	<b>7a</b>				
	Less: cost or other basis and sales expenses	<b>7b</b>		32,930		
	Gain or (loss)	<b>7c</b>		-32,930		
<b>d</b> Net gain or (loss)					-32,930	-32,930
<b>a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			<b>8a</b>	0		
<b>b</b> Less: direct expenses			<b>8b</b>	0		
<b>c</b> Net income or (loss) from fundraising events				0		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19			<b>9a</b>	0		
<b>b</b> Less: direct expenses			<b>9b</b>	0		
<b>c</b> Net income or (loss) from gaming activities				0		
<b>10a</b> Gross sales of inventory, less returns and allowances			<b>10a</b>	0		
<b>b</b> Less: cost of goods sold			<b>10b</b>	0		
<b>c</b> Net income or (loss) from sales of inventory				0		
<b>11a</b>			Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d				0		
<b>12 Total revenue.</b> See instructions				6,360,287	6,393,217	-32,930

Form 990 (2022)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	419,790			
<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	2,617,422			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	293,817			
<b>9</b> Other employee benefits	265,931			

<b>10</b> Payroll taxes . . . . .	204,513		
<b>11</b> Fees for services (non-employees):			
<b>a</b> Management . . . . .	0		
<b>b</b> Legal . . . . .	52,562		
<b>c</b> Accounting . . . . .	263,652		
<b>d</b> Lobbying . . . . .	0		
<b>e</b> Professional fundraising services. See Part IV, line 17	0		
<b>f</b> Investment management fees . . . . .	0		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	652,752		
<b>12</b> Advertising and promotion . . . . .	6,618		
<b>13</b> Office expenses . . . . .	155,554		
<b>14</b> Information technology . . . . .	85,977		
<b>15</b> Royalties . . . . .	0		
<b>16</b> Occupancy . . . . .	152,675		
<b>17</b> Travel . . . . .	216,850		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0		
<b>19</b> Conferences, conventions, and meetings . . . . .	375,616		
<b>20</b> Interest . . . . .	4,844		
<b>21</b> Payments to affiliates . . . . .	0		
<b>22</b> Depreciation, depletion, and amortization . . . . .	337,699		
<b>23</b> Insurance . . . . .	27,828		
<b>24</b> 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.)			
<b>a</b> IAMTS TRANSITION AGREEMENT	50,752		
<b>b</b> BAD DEBT	35,641		
<b>c</b> NVIDIA MEMBERSHIP	25,000		
<b>d</b> MISCELLANEOUS	15,016		
<b>e</b> All other expenses			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,260,509		
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

Form 990 (2022)

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	246,737	<b>2</b>	169,616
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	538,621	<b>4</b>	812,897
	<b>5</b> Loans and other receivables from 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	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	79,568	<b>9</b>	82,239

<b>Assets</b>	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,660,494				
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	713,156	1,041,348	<b>10c</b>	947,338	
	<b>11</b> Investments—publicly traded securities			0	<b>11</b>	0	
	<b>12</b> Investments—other securities. See Part IV, line 11			0	<b>12</b>	10,659	
	<b>13</b> Investments—program-related. See Part IV, line 11			0	<b>13</b>	0	
	<b>14</b> Intangible assets			795,549	<b>14</b>	752,249	
	<b>15</b> Other assets. See Part IV, line 11			344,017	<b>15</b>	820,905	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)			3,045,840	<b>16</b>	3,595,903	
	<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses			411,957	<b>17</b>	787,938
		<b>18</b> Grants payable			0	<b>18</b>	0
		<b>19</b> Deferred revenue			1,258,991	<b>19</b>	1,182,424
		<b>20</b> Tax-exempt bond liabilities			0	<b>20</b>	0
		<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			0	<b>21</b>	0
		<b>22</b> Loans and other 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			0	<b>22</b>	0
		<b>23</b> Secured mortgages and notes payable to unrelated third parties			0	<b>23</b>	0
		<b>24</b> Unsecured notes and loans payable to unrelated third parties			0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D				546,418	<b>25</b>	697,289	
<b>26 Total liabilities.</b> Add lines 17 through 25				2,217,366	<b>26</b>	2,667,651	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b> Net assets without donor restrictions			828,474	<b>27</b>	928,252	
	<b>28</b> Net assets with donor restrictions			0	<b>28</b>	0	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b> Capital stock or trust principal, or current funds				<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund				<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds				<b>31</b>		
	<b>32</b> Total net assets or fund balances			828,474	<b>32</b>	928,252	
<b>33</b> Total liabilities and net assets/fund balances			3,045,840	<b>33</b>	3,595,903		

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,360,287
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,260,509
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	99,778
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	828,474
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	928,252

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

	Yes	No
<b>2a</b>		No

separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

**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.

<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

Form 990 (2022)

Form 990 (2022)

### Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description
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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities)...

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then...
Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-C.
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, line 5 (Proxy Tax) (see separate instructions), then...
Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of the organization (SAE Industry Technologies Consortia) and Employer identification number (20-4860294)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for de "political campaign activities."
2 Political campaign activity expenditures. See instructions ..... \$
3 Volunteer hours for political campaign activities. See instructions .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....
4a Was a correction made? .....
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$
4 Did the filing organization file Form 1120-POL for this year? .....
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also of political contributions received that were promptly and directly delivered to a separate political organization, such as a fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 4 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds. Rows 1-6 are empty.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h))

Section 501(h)

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....													
<b>d</b> Other exempt purpose expenditures .....													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e.												
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.												
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.												
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.												
Over \$17,000,000	\$1,000,000.												
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022
<b>2a</b> Lobbying nontaxable amount				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b> Total lobbying expenditures				
<b>d</b> Grassroots nontaxable amount				
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b> Grassroots lobbying expenditures				

**Schedule**

Schedule C (Form 990) 2022

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)	
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
<b>a</b> Volunteers? .....		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		
<b>c</b> Media advertisements? .....		
<b>d</b> Mailings to members, legislators, or the public? .....		
<b>e</b> Publications, or published or broadcast statements? .....		

f	Grants to other organizations for lobbying purposes? .....	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	
i	Other activities? .....	
j	Total. Add lines 1c through 1i .....	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

- 1 Were substantially all (90% or more) dues received nondeductible by members? .....
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .....

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "Yes."**

1	Dues, assessments and similar amounts from members .....	1
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a	Current year .....	2a
b	Carryover from last year .....	2b
c	Total .....	2c
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4
5	Taxable amount of lobbying and political expenditures. See Instructions .....	5

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 (instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	Schedule
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**Additional Data**

Re

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Op I

Table with 2 columns: Name of the organization (SAE Industry Technologies Consortia) and Employer identification number (20-4860294)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End (2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Includes questions 1a, 1b, 2a, 2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (cont.)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
  - a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
  - b Permanent endowment
  - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations 3a(i)
- (ii) Related organizations 3a(i)
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10(c).

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)
1a Land				
b Buildings				
c Leasehold improvements		7,716	5,401	
d Equipment		21,655	21,655	
e Other		1,856,021	910,998	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 1

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and Total.

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 1

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 1

Table with 2 columns: (a) Description, (b) E. Rows include (1) INTERCOMPANY RECEIVABLE, (2) ROU ASSETS - OPER LEASES, NET, (3) DEPOSITS, and Total.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

Table with 2 columns: (a) Description of liability, (b) E. Row (1) Federal income taxes.

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LEASE LIABILITY (CURRENT AND LT)

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 25.)

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that re organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided i

Schedule D (

Schedule D (Form 990) 2022

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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 : lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	SAE INDUSTRY TECHNOLOGIES CONSORTIA IS EXEMPT FROM FEDERAL I SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRI ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE ORGANIZA EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNI. ASSET) IF THE ORGANIZATION HAS TAKEN A POSITION THAT IS UNCERTI POSITION IS DEFINED AS ONE IN WHICH THERE IS A 50% OR GREATER POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AI HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND AS OF DECEMBER 31, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS BE TAKEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PEN

UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT TO ROUTINE  
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY  
PROGRESS.

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Schedule D (

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**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SAE Industry Technologies Consortia

Employer identification number

20-4860294

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 to award the grants or assistance?
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes data for Europe (Including Iceland and Greenland) with 0 offices, 2 employees, and 292,343 in total expenditures.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name of organization, (b) IRS code section, (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash, (g) Amount of noncash, (h) Description of noncash.





Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (SAE Industry Technologies Consortia) and Employer identification number (20-4860294)

Part I Questions Regarding Compensation

Table with 3 columns: Question (1a-9), Yes, No. Contains various questions about compensation reporting and substantiation.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

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

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

Table with 5 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits. Lists compensation for David L. Schutt, Brian Trybend, Michael Rockwell, Laurie Strom, and Michael McNair.



**efile Public Visual Render** | **ObjectID: 202303039349302490 - Submission: 2023-10-30**

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAE Industry Technologies Consortia

Employer identi

20-4860294

Return Reference	Explanation
FORM 990, PART III, LINE 4D:	AUTOMOTIVE AND AEROSPACE STANDARDS, BEST PRACTICES AND PRINCIPLES, DATA MANAGEM INTERNATIONAL MEETINGS; PART QUALIFICATION AND REGISTRATION. MOBILITY DATA COLLABOF PUBLICATION OF BEST PRACTICES AND PRINCIPLES, DATA MANAGEMENT. VULNERABLE ROAD US CONSORTIUM (VRUSC)- PUBLICATION OF BEST PRACTICES AND PRINCIPLES, DATA MANAGEMENT INTERNATIONAL MEETINGS (EXEMPLIFIED BY VRUSC) - LAND SYSTEM MOST PRACTICABLE GROV ADDRESS THE SPECTRUM OF NEEDS FOR THE TRANSFORMATION OF THE INDUSTRY. HEALTH-RE AND SYSTEMS (HRCS) - PUBLICATION OF BEST PRACTICES AND PRINCIPLES, DATA MANAGEMENT INTERNATIONAL MEETINGS.
FORM 990, PART VI, SECTION A, LINE 6:	THE SOLE MEMBER OF SAE INDUSTRY TECHNOLOGIES CONSORTIA ("MEMBER"), AS SUCH TERM I PENNSYLVANIA NONPROFIT CORPORATION LAW OF 1988, SHALL BE SAE INTERNATIONAL, WHOSE CAST BY THE CHIEF EXECUTIVE OFFICER OF SAE INTERNATIONAL.
FORM 990, PART VI, SECTION A, LINE 7A:	THE OFFICERS OF SAE INDUSTRY TECHNOLOGIES CONSORTIA SHALL BE A CHAIR OF THE BOARD SECRETARY-TREASURER. THE CHAIR SHALL BE ELECTED BY THE BOARD ON AN ANNUAL BASIS. T SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE MEMBER. THE SECRETARY-TREASURER SHALL THE PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 11B:	THE IRS FORM 990 IS REVIEWED BY MANAGEMENT, AND THEREAFTER IS PROVIDED ELECTRONIC GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	SAE INDUSTRY TECHNOLOGIES CONSORTIA ENFORCES A CONFLICT OF INTEREST POLICY IN ORI THE PERSONAL OR FINANCIAL INTEREST OF SAE INDUSTRY TECHNOLOGIES CONSORTIA BOARD COMMITTEE MEMBERS FROM INTERFERING WITH THE PERFORMANCE OF THEIR FIDUCIARY DUTI INDUSTRY TECHNOLOGIES CONSORTIA. A CONFLICT OF INTEREST ACKNOWLEDGEMENT FORM VA TO THE BOARD FOR SIGNATURE AND COLLECTED ANNUALLY. MEMBERS ARE REQUIRED TO SIGN. INTEREST POLICY STATEMENT DISCLOSING ALL MATERIAL BUSINESS, FINANCIAL AND ORGANIZAT AND AFFILIATIONS THEY OR PERSONS CLOSE TO THEM HAVE WHICH COULD BE CONSTRUED AS I INTEREST OF SAE INDUSTRY TECHNOLOGIES CONSORTIA. DISCLOSURE SHALL ALSO BE MADE IF CONFLICT OF INTEREST ARISES IN THE COURSE OF THE MEMBER'S SERVICE TO SAE INDUSTRY T CONSORTIA, WHETHER ARISING OUT OF THE MEMBER'S EMPLOYMENT, CONSULTING, INVESTMEI ACTIVITY. IF AT ANY TIME A CONFLICT OF INTEREST EXISTS, THE MEMBER WILL EITHER BE ASKED HIMSELF/HERSELF FROM PARTICIPATING IN THE DELIBERATIONS AND/OR VOTING ON THE MATTEI CONFLICT OR IN SOME INSTANCES, IF IT WOULD BECOME NECESSARY, THE MEMBER WOULD BE , THEIR RESIGNATION. A COPY OF THE ACKNOWLEDGEMENT FORM AND/OR THE CONFLICT OF INTE BE REQUESTED FROM THE SECRETARY AT SECRETARY@SAE-ITC.ORG.
FORM 990, PART VI, SECTION B, LINES 15A/B:	SAE INDUSTRY TECHNOLOGIES CONSORTIA AND AFFILIATES USE A DOCUMENTED PROCESS FOR EXECUTIVE COMPENSATION, INCLUDING THE COMPENSATION FOR THE EXECUTIVE VICE PRESID OPERATING OFFICER OF SAE INDUSTRY TECHNOLOGIES CONSORTIA. THE COMPENSATION IS MA BENCHMARK DATA BASED ON THE APPLICABLE JOB DESCRIPTION FOR THE POSITION. THIS POSI PRICED IN 2023. INCUMBENTS MERIT INCREASE IS BASED ON JOB PERFORMANCE.
FORM 990, PART VI, SECTION C, LINE 19:	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABL UPON REQUEST. IN ADDITION, THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY, WHICH REQUEST, THAT ALL BOARD OF DIRECTORS MUST REVIEW AND SIGN ON AN ANNUAL BASIS.
FORM 990, PART VII, SECTION A, LINE 2 / SCHEDULE J, PART II, LINE 2:	NAME AND TITLE: BRIAN TRYBEND INTERIM EVP/COO AND SECRETARY/TREASURER THROUGH 12
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:644823
FORM 990 PART IX LINE 11G	DESCRIPTION:SUBCONTRACTOR FEES TOTAL FEES:7929

## Additional Data

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**Software ID:**  
**Software Version:**

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization SAE Industry Technologies Consortia

Employer identification number 20-4860294

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

Table with 5 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 6 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) SAE/NA/SAE I.

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

Cat. No. 50135Y

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Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 35 because it had one or more related organizations treated as a partnership during the tax year.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Predominant income (related, unrelated, excluded from tax under sections 512-514); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) C a t Sc (F).

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets
(1)SAE Media Group 261 5TH AVENUE STE 1901 NEW YORK, NY 10016 11-2903233	PUBLISHING	NY	SAE INT'L	C-CORP	0	
(2)SMI GROUP LIMITED Ground Floor India House CURLEW STREET, London SE1 2ND UK 000000000	Support Services	UK	SMI Grp Holding	C-CORP	0	
(3)SAE INDUSTRIAL CONSULTING SERVICES NO 1350 N SICHUAN RD LITONG PLAZA RM, SHANGHAI 200085 CH 000000000	Consulting	CH	SAE Global LLC	C-Corp	0	
(4)SAE GROUP EUROPE BV FRED ROESKESTRAAT 115 Amsterdam 1076 EE NL 000000000	Support Services	NL	SAE Global LLC	LLC	0	
(5)PRI EUROPE LIMITED 1 YORK STREET London W1U 6PA UK 000000000	Support Services	UK	PRI	C-Corp	0	
(6)PRI CAPE (BEDJING) CERTIFICATION RM 219 BLDG NO 1 JINGSHUN RD B Beijing CH 000000000	Support Services	CH	PRI	C-Corp	0	
(7)OCTONX SATURNUSSTRAAT 46-62 HOOFDDORP 2132 HB NL 000000000	Support Services	NL	SAE ITC	LLC	0	
(8)SMI Group Holdings Ground Floor India House CURLEW STREET, LONDON SE1 2ND UK 000000000	Support Services	UK	SAE INT'L	C-CORP	0	

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Schedule R (Form 990) 2022

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
  - b** Gift, grant, or capital contribution to related organization(s) . . . . .
  - c** Gift, grant, or capital contribution from related organization(s) . . . . .
  - d** Loans or loan guarantees to or for related organization(s) . . . . .
  - e** Loans or loan guarantees by related organization(s) . . . . .
  - f** Dividends from related organization(s) . . . . .
  - g** Sale of assets to related organization(s) . . . . .
  - h** Purchase of assets from related organization(s) . . . . .
  - i** Exchange of assets with related organization(s) . . . . .
  - j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  - k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
  - l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
  - m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
  - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
  - o** Sharing of paid employees with related organization(s) . . . . .
  - p** Reimbursement paid to related organization(s) for expenses . . . . .
  - q** Reimbursement paid by related organization(s) for expenses . . . . .
  - r** Other transfer of cash or property to related organization(s) . . . . .
  - s** Other transfer of cash or property from related organization(s) . . . . .

**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 threshold

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determination
(1)SAE GOVERNMENT TECHNOLOGIES	S	2,043,416	FMV
(2)SAE GOVERNMENT TECHNOLOGIES	Q	788,350	FMV
(3)SAE GOVERNMENT TECHNOLOGIES	E	600,000	FMV
(4)SAE GOVERNMENT TECHNOLOGIES	O	489,204	FMV
(5)SAE GOVERNMENT TECHNOLOGIES	R	106,669	FMV
(6)OCTONX	R	120,552	FMV

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Schedule R (Form 990) 2022

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total

