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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

### A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

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

**C** Name of organization  
SAE INTERNATIONAL

**D** Employer identification number  
25-1494402

Doing business as

**E** Telephone number  
(724) 776-4841

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
400 COMMONWEALTH DRIVE

**G** Gross receipts \$ 103,298,466

City or town, state or province, country, and ZIP or foreign postal code  
WARRENDALE, PA 15096

**F** Name and address of principal officer:  
GREGORY L BRADLEY ESQ  
400 COMMONWEALTH DRIVE  
WARRENDALE, PA 15096

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**H(c)** Group exemption number

**J** Website: WWW.SAE.ORG

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

**L** Year of formation: 1905 **M** State of legal domicile: PA

### Part I Summary

ities & Governance

**1** Briefly describe the organization's mission or most significant activities:  
TO ADVANCE MOBILITY KNOWLEDGE AND SOLUTIONS FOR THE BENEFIT OF HUMANITY.

<b>2</b> Check this box <input type="checkbox"/>		
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	391

<b>Activ</b>	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	47,658
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	967,590
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	0
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	7,574,541	7,319,946
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	51,608,036	49,719,233
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	3,878,340	4,916,095
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,611,977	33,102,684
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,672,894	95,057,958
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	625,186	690,612
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,384,740	37,327,345
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>242,113</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	53,718,270	52,171,454
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	89,728,196	90,189,411
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	3,944,698	4,868,547	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	128,849,287	110,711,690
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	52,198,304	26,163,331
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	76,650,983	84,548,359

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer BRIAN K TRYBEND CFO		Date 2025-11-18		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-11-07	Check <input type="checkbox"/> if self-employed	PTIN P01240455
	Firm's name BDO USA			Firm's EIN 13-5381590	
	Firm's address 626 WASHINGTON PL Suite 1802			Phone no. (412) 281-2501	

PITTSBURGH, PA 15219

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

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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:

TO ADVANCE MOBILITY KNOWLEDGE AND SOLUTIONS FOR THE BENEFIT OF HUMANITY.

**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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **70,639,571** including grants of \$ **690,612**) (Revenue \$ **25,267,120**)  
ENGINEERING ACTIVITIES - NATIONAL AND INTERNATIONAL MEETINGS, CONFERENCES & EXHIBITS, STANDARDS DEVELOPMENT PROGRAM, PROFESSIONAL DEVELOPMENT SEMINARS, COOPERATIVE RESEARCH PROGRAM AND PURCHASE OF REFERENCE MATERIALS.

**4b** (Code: ) (Expenses \$ **3,477,917** including grants of \$ **0**) (Revenue \$ **56,506,187**)  
PUBLICATIONS - PUBLICATION OF AUTOMOTIVE ENGINEERING, AEROSPACE ENGINEERING, AND OFF-HIGHWAY DOCUMENTS WITH VARIOUS SUPPLEMENTS, AS WELL AS PUBLICATION OF BOOKS, TECHNICAL PAPERS, AND STANDARDS FOR THE FIELD OF MOBILITY ENGINEERING.

**4c** (Code: ) (Expenses \$ **2,488,489** including grants of \$ **0**) (Revenue \$ **48,817**)  
SAE FOUNDATION - ADMINISTRATION OF FUNDS, INCLUDING RESTRICTED FUNDS, DONATED FOR THE PURPOSE OF RECOGNIZING SIGNIFICANT CONTRIBUTIONS TO MOBILITY TECHNOLOGY AND PROMOTING ENGINEERING AND SCIENCE EDUCATION FROM KINDERGARTEN THROUGH GRADUATE SCHOOL.

(Code: ) (Expenses \$ **2,163,572** including grants of \$ **0**) (Revenue \$ **0**)  
MEMBER RELATIONS - ADMINISTRATION OF SECTION ACTIVITIES, LEADERSHIP CONFERENCE FOR SECTION OFFICERS, PROCESSING AND EVALUATING MEMBER

<b>4d</b>	Other program services (Describe in Schedule O.) (Expenses \$ <b>2,163,572</b> including grants of \$ ) (Revenue \$ )
<b>4e</b>	<b>Total program service expenses</b> <b>78,769,549</b>

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Part IV **Checklist of Required Schedules**

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

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*
- 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? *If "Yes," complete Schedule D, Part VII.*
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*
- e** Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.*
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- 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? *If "Yes," complete Schedule F, Parts I and IV.*
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV.*
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II.*
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III.*
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H.*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** 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? *If "Yes," complete Schedule I, Parts I and II.*

<b>11a</b>	Yes	
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>	Yes	
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>		No
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>	Yes	
<b>14b</b>	Yes	
<b>15</b>	Yes	
<b>16</b>	Yes	
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	

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> . . . . . 	Yes	
<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>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? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		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> . . . . .		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> . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		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> . . . . .		No

<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>		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>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	Yes	
<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>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>	Yes	
<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>		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. . . . .	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>1a</b> 383		
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
	<b>1c</b>		

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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>	391			

<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>	Yes	
<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>	Yes	
<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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . .	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country: <u>UK , CH</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			

<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>	No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		<b>17</b>	

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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	12	

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

**b** Enter the number of voting members included in line 1a, above, who are independent

<b>1b</b>	11			
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b>	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? . . . . .	<b>7a</b>	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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? <i>If "Yes," provide the names and addresses in Schedule O</i> . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>b</b>	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?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

<b>15a</b>		No
<b>15b</b>		No
<b>16a</b>		No
<b>16b</b>		No

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed

CA , CT , IL , IN , IA , KY , MD , MA , MI , MN , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , VA , AR , WA , WV , WI

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
- 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 K TRYBEND 400 COMMONWEALTH DRIVE WARRENDALE, PA 15096 (724) 776-4841

Form 990 (2024)

**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	Former			
(1) AUDLEY BROWN ..... VP COMMERCIAL VEHICLE	3.0 ..... 0	X		X				0	0	0
(2) CARLA BAILO ..... PRESIDENT AND CHAIR; CO-CEO (AS OF (05/2024)	10.0 ..... 0	X		X				0	0	0
(3) CHRISTOPHER PAYNE ..... VP AEROSPACE	3.0 ..... 0	X		X				0	0	0
(4) DANIEL NICHOLSON ..... VP AUTOMOTIVE	3.0 ..... 0	X		X				0	0	0
(5) DAVID ANDREA ..... TREASURER	3.0 ..... 0	X		X				0	0	0
(6) DAVID L SCHUTT PHD ..... CEO/ACT EVP/COO (THRU 05/2024)	23.0 ..... 17.0	X		X				924,856	0	43,872
(7) GREGORY L BRADLEY ESQ ..... CHIEF GENERAL COUNSEL & SECRETARY; CO-CEO (AS OF 05/2024)	21.0 ..... 19.0	X		X				535,055	0	66,744

(8) ROBERT IRELAND ..... PRESIDENT ELECT	3.0 ..... 0	X		X					0	0	0
(9) TODD ZARFOS ..... IMMEDIATE PAST PRESIDENT	3.0 ..... 0	X		X					0	0	0
(10) JOAN WILLS ..... DIRECTOR	3.0 ..... 0	X							0	0	0
(11) JUDY CURRAN ..... DIRECTOR	3.0 ..... 0	X							0	0	0
(12) MARY LEE GAMBONE ..... DIRECTOR	3.0 ..... 0	X							0	0	0
(13) SUSAN YING PHD ..... DIRECTOR	3.0 ..... 0	X							0	0	0
(14) BRIAN K TRYBEND ..... CHIEF FINANCIAL OFFICER	22.0 ..... 18.0			X					512,941	0	55,611
(15) ELIZABETH JONES ..... CHIEF HUMAN RESOURCE OFFICER	25.0 ..... 15.0				X				366,897	0	80,393
(16) RICHARD E WILKIE ..... CHIEF INFORMATION OFFICER	25.0 ..... 15.0				X				551,439	0	98,897
(17) CHRISTOPHER M CIUCA ..... VP PROFESSIONAL ENGAGEMENT	40.0 ..... 0					X			281,142	0	56,469

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

(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
-----------------------	-------------------------------------	---	---	---	---

	any hours for related organizations below dotted line)	director/trustee)						organization (W-2/1099-MISC/1099-NEC)	organizations (W-2/1099-MISC/1099-NEC)	from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID A KURYWCHAK VP CUSTOMER EXPERIENCE (THRU 09/2024)	40.0 .....0					X		346,865	0	33,403
(19) DAVID PAZZAGLIA VP OF IT (THRU 09/2024)	40.0 .....0					X		289,653	0	36,201
(20) FRANK MENCHACA PRESIDENT SUSTAIN MOBILITY (THRU 12/2024)	40.0 .....0					X		507,232	0	58,596
(21) JOHN TINTINALLI GENERAL MANAGER EUROPE	40.0 .....0					X		323,881	0	33,241
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								4,639,961	0	563,427

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization [54](#)

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LEVEL AGENCY  PO BOX 101149 PITTSBURGH, PA 15237	DIGITAL MARKETING	1,154,029
MBO PARTNERS INC  PO BOX 713673 PHILADELPHIA, PA 19171	STAFFING AGENCY	1,085,439
SIGMA RESOURCES LLC  2026 EAST CARSON STREET PITTSBURGH, PA 15203	IT CONSULTING	993,489
DIGITAL ENGINEERING SOLUTIONS  PO BOX 2198 MADISON, AL 35758	ENGINEERING	710,962
JMC ROTA INC  919 PIOVANA COURT CARLSBAD, CA 920115504	TECHNOLOGY CONSULTING	705,034

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **48**

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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



Check if Schedule C 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>Contributions, Gifts, Grants and Other Similar Amounts</b>	Coordinated campaigns . . . . .	<b>1a</b>			
	Membership dues . . . . .	<b>1b</b>			
	2,163,572				
	Fundraising events . . . . .	<b>1c</b>			
	251,750				
	Related organizations	<b>1d</b>			
	Government grants (contributions)	<b>1e</b>			
2,065,046					
All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
2,839,578					
<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>				
<b>h Total.</b> Add lines 1a-1f . . . . .		7,319,946			

<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
	PUBLICATION SALES	541700	24,807,547	24,807,547		
	MEETINGS & CONFERENCES	541700	16,040,003	16,040,003		
	EDUCATIONAL SEMINARS	541700	8,857,618	8,857,618		
	OTHER PROGRAM REVENUE	541800	14,065	800	13,265	
			0	0	0	0

<b>f</b> All other program service revenue.					
<b>9 Total.</b> Add lines 2a–2f. . . . .		49,719,233			
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,966,451		896	1,965,555
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .		31,697,840	31,697,840		
<b>6a</b> Gross rents		(i) Real	(ii) Personal		
	<b>6a</b>	988,791			
	<b>b</b> Less: rental expenses	<b>6b</b>	18,628		
	<b>c</b> Rental income or (loss)	<b>6c</b>	970,163	0	
<b>d</b> Net rental income or (loss) . . . . .		970,163			970,163
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	<b>7a</b>	10,451,865			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	7,502,221		
	<b>c</b> Gain or (loss)	<b>7c</b>	2,949,644	0	
<b>d</b> Net gain or (loss) . . . . .		2,949,644			2,949,644
<b>a</b> Gross income from fundraising events (not including \$ <u>251,750</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	118,012		
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-118,012		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities . . . . .				
<b>10a</b> Gross sales of inventory, less					

Other Revenue

returns and allowances . . . . .	<b>10a</b>	1,019,963			
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	601,647			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			418,316	418,316	
<b>11a</b> MANAGEMENT & ADMIN FEES	Business Code				
	541990	134,377		953,429	-819,052
<b>b</b>					
Other Revenue Misc Amt					
<b>d</b> All other revenue . . . . .			0	0	0
<b>e Total.</b> Add lines 11a-11d . . . . .		134,377			
<b>12 Total revenue.</b> See instructions . . . . .		95,057,958	81,822,124	967,590	4,948,298

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**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	550,162	550,162		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	103,000	103,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	37,450	37,450		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,236,705	1,254,310	1,982,395	

<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	26,678,859	25,660,718	837,520	180,621
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,735,700	1,371,348	1,364,352	
<b>9</b> Other employee benefits . . . . .	2,380,930	2,142,122	224,432	14,376
<b>10</b> Payroll taxes . . . . .	2,295,151	2,064,947	216,347	13,857
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	136,810	36,162	100,648	
<b>c</b> Accounting . . . . .	415,393		415,393	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	219,580		219,580	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,737,748	10,434,856	3,302,892	0
<b>12</b> Advertising and promotion . . . . .	2,386,685	2,386,633	52	
<b>13</b> Office expenses . . . . .	969,809	880,547	89,262	
<b>14</b> Information technology . . . . .	7,323,378	6,800,914	497,359	25,105
<b>15</b> Royalties . . . . .	513,236	513,236		
<b>16</b> Occupancy . . . . .	2,170,509	1,917,615	250,844	2,050
<b>17</b> Travel . . . . .	2,459,947	2,443,654	11,689	4,604
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	9,697,776	9,556,818	139,458	1,500
<b>20</b> Interest . . . . .	365,492	365,445	47	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,906,054	4,338,947	567,107	
<b>23</b> Insurance . . . . .	567,224	500,637	66,587	
<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>25</b> EQUIPMENT RENTAL	2,460,710	2,412,892	46,818	

<b>a</b> EQUIPMENT RENTAL	4,700,710	4,713,002	70,920	
<b>b</b> PRINTING & PUBLICATIONS	1,572,084	1,570,020	2,064	
<b>c</b> LICENSES/DUES	808,976	808,976		
<b>d</b> CREDIT CARD FEES	648,118	617,150	30,968	
<b>e</b> All other expenses	811,925	0	811,925	0
<b>25 Total functional expenses.</b> Add lines 1 through 24e	90,189,411	78,769,549	11,177,749	242,113
<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).				

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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 . . . . .	3,301,476	<b>1</b>	5,248,427
	<b>2</b> Savings and temporary cash investments . . . . .	1,215,658	<b>2</b>	1,365,396
	<b>3</b> Pledges and grants receivable, net . . . . .	145,934	<b>3</b>	110,071
	<b>4</b> Accounts receivable, net . . . . .	27,227,753	<b>4</b>	2,984,251
	<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		<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) . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,781,357	<b>8</b>	1,984,717
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,219,229	<b>9</b>	5,648,895
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 69,487,082		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 50,748,122	19,476,241	<b>10c</b> 18,738,960
<b>11</b> Investments—publicly traded securities . . . . .		48,338,874	<b>11</b> 45,378,190	

<b>Liabilities</b>	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	14,403,094	<b>12</b>	10,074,001
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .	1,700,489	<b>14</b>	1,693,489
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	6,978,382	<b>15</b>	8,684,613
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	128,849,287	<b>16</b>	110,711,690
	<b>17</b>	Accounts payable and accrued expenses . . . . .	34,592,204	<b>17</b>	10,797,859
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .	11,411,774	<b>19</b>	12,095,263
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<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 . . . . .		<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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	6,194,326	<b>25</b>	3,270,209
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	52,198,304	<b>26</b>	26,163,331
	<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 . . . . .	67,362,392	<b>27</b>	74,745,553
<b>28</b>		Net assets with donor restrictions . . . . .	9,288,591	<b>28</b>	9,802,806
<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>		<b>Total net assets or fund balances</b> . . . . .	76,650,983	<b>32</b>	84,548,359
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	128,849,287	<b>33</b>	110,711,690	

Form **990** (2024)

**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>	95,057,958
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	90,189,411
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,868,547
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	76,650,983
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,689,434
<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>	1,339,395
<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>	84,548,359

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidelines? (See Part 200, Subpart F.)		

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>3a</b>		NO
<b>3b</b>		

Form **990** (2024)

Form 990 (2024)

### Additional Data

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**Software ID:** 24020961

**Software Version:** 2024v5.1

### Form 990, Special Condition Description:

Special Condition Description

<b>efile Public Visual Render</b>	<b>ObjectID: 202533219349326743 - Submission: 2025-11-17</b>	<b>TIN: 25-1494402</b>
<b>SCHEDULE A</b> (Form 990)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <b>2024</b> Open to Public Inspection
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> SAE INTERNATIONAL	<b>Employer identification number</b> 25-1494402

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33  $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You**

**must complete Part IV, Sections A and C.**

- c**  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d**  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e**  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations . . . . . \_\_\_\_\_
- g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Cat. No. 11285F

**Schedule A (Form 990) 2024**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	4,278,449	6,081,053	6,324,085	7,574,541	7,319,946	31,578,074
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0

<b>4 Total.</b> Add lines 1 through 3	4,278,449	6,081,053	6,324,085	7,574,541	7,319,946	31,578,074
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						240,109
<b>6 Public support.</b> Subtract line 5 from line 4.						31,337,965

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4.	4,278,449	6,081,053	6,324,085	7,574,541	7,319,946	31,578,074
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,362,448	2,551,140	2,887,806	5,370,035	2,954,346	16,125,775
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.	467,970	81,575				549,545
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	8,776	59,002	-637,535	-870,012	-819,052	-2,258,821
<b>11 Total support.</b> Add lines 7 through 10						45,994,573

**12** Gross receipts from related activities, etc. (see instructions) **12** 361,076,613

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	68.134 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14	<b>15</b>	61.456 %

**16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest,						

	dividends, payments received on securities loans, rents, royalties and income from similar sources.					
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
<b>c</b>	Add lines 10a and 10b.					
<b>11</b>	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					
<b>14</b>	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>					<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2023</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule A (Form 990) 2024**

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

Yes	No
-----	----

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Schedule A (Form 990) 2024**

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?	
<b>11a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	
<b>11b</b>	A family member of a person described on 11a above?	
<b>11c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b>.</i>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
  - a**  The organization satisfied the Activities Test. Complete **line 2** below.
  - b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

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

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in **Part VI**.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its

supported organizations? If "Yes," describe in **Part VI**. the role played by the organization in this regard.

<b>3b</b>		
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**Schedule A (Form 990) 2024**

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	

<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Schedule A (Form 990) 2024**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>

<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2024</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			

<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

Schedule A (Form 990) (2024)

Schedule A (Form 990) 2024

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - MANAGEMENT AND ADMIN FEES, COLUMN A - 8776.0, COLUMN B - 59002.0, COLUMN C - -637535.0, COLUMN D - -870012.0, COLUMN E - -819052.0, COLUMN F - -2258821.0;

Schedule A (Form 990) 2024

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

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ObjectID: 202533219349326743 - Submission: 2025-11-17

TIN: 25-1494402

**Schedule B**  
(Form 990)  
(Rev. January 2025)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization  
SAE INTERNATIONAL**Employer identification number**

25-1494402

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 4b, or (ii) Form 990-EZ, line 4. Complete Parts I and II.

990, Part VIII, line III, or (ii) Form 990-EZ, line I. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization  
SAE INTERNATIONAL

Employer identification number  
25-1494402

Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll

			<input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization SAE INTERNATIONAL	<b>Employer identification number</b> 25-1494402
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	
-	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$	

	\$	
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Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization SAE INTERNATIONAL	Employer identification number 25-1494402
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

TRANSFEEE'S NAME, ADDRESS, AND ZIP 4		RELATIONSHIP OF TRANSFEROR TO TRANSFEEE	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Schedule B (Form 990) (Rev. 1-2025)

**Additional Data**

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Software ID: 24020961  
Software Version: 2024v5.1

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**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

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

- 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-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization SAE INTERNATIONAL	<b>Employer identification number</b> 25-1494402
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**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 definition of "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? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- 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? .....  **Yes**  **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under 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, address, EIN, 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) Affiliated group 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) .....		

- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

0	0

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.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** 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? .....


Yes  No

**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 five 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	0	3,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
<b>c</b> Total lobbying expenditures	5,600	14,544	12,833	0	32,977
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	0	750,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (a))					1,125,000

(100% of line 2d, column (e))					
f	Grassroots lobbying expenditures			0	0

Schedule C (Form 990) 2024

Schedule C (Form 990) 2024

**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)		(b)
	Yes	No	Amount
<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? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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 line 3 is**

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "NO" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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**Schedule C (Form 990) 2024**

**Additional Data**

**Return to Form**

**Software ID:** 24020961  
**Software Version:** 2024v5.1

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**Open to Public Inspection**

<b>Name of the organization</b> SAE INTERNATIONAL	<b>Employer identification number</b> 25-1494402
--	---

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .



Preservation for future generations

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  No

**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  No

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

- c Beginning balance . . . . .
- d Additions during the year . . . . .
- e Distributions during the year . . . . .
- f Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

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) Four years back
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%.

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

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
  - (i)** Unrelated organizations . . . . .
  - (ii)** Related organizations . . . . .
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		685,914		685,914
<b>b</b> Buildings . . . . .		25,951,887	16,847,564	9,104,323
<b>c</b> Leasehold improvements		443,732	221,860	221,872
<b>d</b> Equipment . . . . .		10,613,554	8,926,504	1,687,050
<b>e</b> Other . . . . .		31,791,995	24,752,194	7,039,801
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				18,738,960

**Schedule D (Form 990) (Rev. 1-2025)**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(A) Closely-held equity interests		
(B) Financial derivatives		
(C) INVESTMENT IN SAE MEDIA GROUP	9,819,416	C
(D) INVESTMENT IN FULLSIGHT, LLC	7,411,495	C
(E) INVESTMENT IN SAE GLOBAL, LLC	1,500,000	C
(F) INVESTMENT IN TECHAMERICA	100,000	C

(G) INVESTMENT IN SAE GROUP EUROPE	25,000	C
(H) INVESTMENT IN SMI HOLDING LTD (H)	18,770	C
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	18,874,681	

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED RECEIVABLES	6,435,389
(2) SERP CONTRIBUTIONS	1,565,232
(3) RIGHT-OF-USE ASSETS	622,301
(4) OTHER RECEIVABLES	61,495
(5) ACCRUED INTEREST RECEIVABLES	196
(5)	
(6)	
(7)	

<b>(8)</b>	
<b>(9)</b>	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,684,613

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
<b>(1) Federal income taxes</b>	
Federal Income Taxes	
DEFERRED PENSION COSTS	2,619,625
LEASE LIABILITY	650,584
OTHER	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,270,209

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

**Schedule D (Form 990) (Rev. 1-2025)**

**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>	0

<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	0
<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>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<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>	0

**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>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	0
<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>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<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>	0

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SAE IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). HOWEVER, CERTAIN ACTIVITIES, PRIMARILY CONSISTING OF ADVERTISING INCOME AND INCOME FROM A PASS-THROUGH ENTITY, ARE CONSIDERED UNRELATED BUSINESS INCOME AND ARE SUBJECT TO FEDERAL INCOME TAXES. GAAP REQUIRES THE ORGANIZATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN A POSITION THAT IS UNCERTAIN. AN UNCERTAIN POSITION IS DEFINED AS ONE IN WHICH THERE IS A 50% OR GREATER LIKELIHOOD THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2024, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS

RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

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**Schedule D (Form 990) (Rev. 1-2025)**

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**Additional Data**

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**Software ID:** 24020961  
**Software Version:** 2024v5.1









## Additional Data

**Software ID:** 24020961  
**Software Version:** 2024v5.1

**efile Public Visual Render**    **ObjectId: 202533219349326743 - Submission: 2025-11-17**    **TIN: 25-1494402**

**SCHEDULE G  
(Form 990)**  
(Rev. January 2025)

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public  
Inspection**

Name of the organization  
SAE INTERNATIONAL

**Employer identification number**

25-1494402

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?     **Yes**     **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Cat. No. 50083H

Schedule G (Form 990) (Rev. 1-2025)

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SAE FOUNDATION BANQUET (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	251,750			251,750
<b>2</b> Less: Contributions . . . . .	251,750			251,750

	<b>3</b> Gross income (line 1 minus line 2)	0	0	0	0
<b>Direct Expenses</b>	<b>4</b> Cash prizes	1,500			1,500
	<b>5</b> Noncash prizes	0			0
	<b>6</b> Rent/facility costs	21,772			21,772
	<b>7</b> Food and beverages	42,289			42,289
	<b>8</b> Entertainment	700			700
	<b>9</b> Other direct expenses	51,751			51,751
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				118,012
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				-118,012	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

<b>Revenue</b>		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	<b>(c)</b> Other gaming	<b>(d)</b> Total gaming (add col. (a) through col.(c))
<b>1</b>	Gross revenue				
<b>Direct Expenses</b>	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
<b>6</b>	Volunteer labor	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b>	
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d)				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
-----  
-----

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
-----  
-----

Schedule G (Form 990) (Rev. 1-2025)

Schedule G (Form 990) (Rev. 1-2025)

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► -----

Address ► -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► -----

Address ► -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule G (Form 990) (Rev. 1-2025)

**Additional Data**

**Return to Form**

**Software ID:** 24020961  
**Software Version:** 2024v5.1

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

**Schedule I  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization  
SAE INTERNATIONAL

Employer identification number  
25-1494402

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	25,000				SCHOLARSHIP
(2) GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE NW ATLANTA, GA 30332	58-6002023	501(C)(3)	20,000				SCHOLARSHIP
(3) UNIVERSITY OF NORTH CAROLINA 9201 UNIV CITY BLVD CHARLOTTE, NC 28223	56-6001393	501(C)(3)	18,000				SCHOLARSHIP
(4) UNIVERSITY OF TEXAS 2501 SPEEDWAY AUSTIN, TX 78712	74-6000203	501(C)(3)	17,500				SCHOLARSHIP
(5) PENNSYLVANIA STATE UNIVERSITY 109 SHIELDS BLDG UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	17,250				SCHOLARSHIP
(6) AUBURN UNIVERSITY 108 MARY MARTIN HALL AUBURN, AL 36849	63-6024222	501(C)(3)	15,000				SCHOLARSHIP
(7) UNIVERSITY OF DELAWARE 610 LEHIGH ROAD NEWARK, DE 19711	51-6000297	501(C)(3)	15,000				SCHOLARSHIP
(8) UNIVERSITY OF IOWA 2700 UNIV CAPITOL CTR IOWA CITY, IA 52242	42-6004813	501(C)(3)	15,000				SCHOLARSHIP
(9) PURDUE UNIVERSITY 1198 THIRD STREET W LAFAYETTE, IN 47906	35-6002041	501(C)(3)	13,125				SCHOLARSHIP
(10) CORNELL UNIVERSITY 256 CARPENTER HALL ITHACA, NY 14850	15-0532082	501(C)(3)	13,000				SCHOLARSHIP

(11) SOUTH DAKOTA SCHOOL OF MINES & TECH 501 E ST JOSEPH ST RAPID CITY, SD 57701	46-6011771	501(C)(3)	12,500			SCHOLARSHIP
(12) SOUTH DAKOTA STATE UNIVERSITY BOX 511A ENROLLMENT SRVCS BROOKINGS, SD 57007	46-0273801	501(C)(3)	12,500			SCHOLARSHIP
(13) UNIVERSITY OF CENTRAL FLORIDA 10211 LENOX STREET CLERMONT, FL 34711	52-2924021	501(C)(3)	11,500			SCHOLARSHIP
(14) UNIVERSITY OF WISCONSIN 1 UNIVERSITY PLAZA PLATTEVILLE, WI 53818	39-1281988	501(C)(3)	11,000			SCHOLARSHIP
(15) CALIFORNIA POLYTECHNIC STATE UNIVERSITY 1 GRAND AVENUE SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	9,750			SCHOLARSHIP
(16) VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 800 WASHINGTON ST SW BLACKSBURG, VA 24061	54-6001805	501(C)(3)	9,500			SCHOLARSHIP
(17) IOWA STATE UNIVERSITY 515 MORRILL RD AMES, IA 50011	42-6004224	501(C)(3)	8,600			SCHOLARSHIP
(18) ANDERSON UNIVERSITY 1100 E 5TH STREET ANDERSON, IN 46012	57-0324906	501(C)(3)	8,500			SCHOLARSHIP
(19) OHIO STATE UNIVERSITY 930 KINNEAR RD / 1590 N HIGH ST COLUMBUS, OH 43212	31-1145986	501(C)(3)	8,250			SCHOLARSHIP
(20) ROCHESTER INSTITUTE OF TECHNOLOGY 76 LOMB MEMORIAL DR ROCHESTER, NY 14623	16-0743140	501(C)(3)	8,000			SCHOLARSHIP
(21) MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR HOUGHTON, MI 49931	38-6005955	501(C)(3)	7,500			SCHOLARSHIP
(22) UNIVERSITY OF OKLAHOMA 865 ASP AVENUE FELGER 219 NORMAN, OK 73019	73-1377584	501(C)(3)	7,500			SCHOLARSHIP
(23) OREGON STATE UNIVERSITY 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	61-1730890	501(C)(3)	7,250			SCHOLARSHIP
(24) UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98195	91-6001537	501(C)(3)	7,000			SCHOLARSHIP
(25) UNIVERSITY OF CALIFORNIA 7256 BOELTER HALL BOX	95-6006143	501(C)(3)	6,750			SCHOLARSHIP

951600 LOS ANGELES, CA 90095						
(26) OKLAHOMA STATE UNIVERSITY 119 STUDENT UNION STILLWATER, OK 74078	73-1383996	501(C)(3)	6,500			SCHOLARSHIP
(27) COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS, OH 43215	31-0729591	501(C)(3)	6,000			SCHOLARSHIP
(28) HARVARD UNIVERSITY 1350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	6,000			SCHOLARSHIP
(29) UNIVERSITY OF HOUSTON OFFICE OF SCHOLARSHIP FINANCIAL A PO BOX 1426 HOUSTON, TX 77251	74-6001399	501(C)(3)	6,000			SCHOLARSHIP
(30) UNIVERSITY OF MINNESOTA 160 WILLIAMSON HALL 231 PILLSBURY DR SE MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	6,000			SCHOLARSHIP
(31) UNIVERSITY OF RHODE ISLAND 6 RHODY RAM WAY KINGSTON, RI 02881	22-3011455	501(C)(3)	6,000			SCHOLARSHIP
(32) UNIVERSITY OF ILLINOIS 620 EAST JOHN STREET CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	5,500			SCHOLARSHIP
(33) UNIVERSITY OF SOUTHERN CALIFORNIA 3650 MCCLINTOCK AVENUE OHE 500B LOS ANGELES, CA 90089	95-1642394	501(C)(3)	5,500			SCHOLARSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 33  
 3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Cat. No. 50055P

Schedule I (Form 990) Rev. 1-2025

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AWARDS AND SCHOLARSHIP	23	103,000			
(1)					
(2)					
(3)					
(4)					

(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE SAE FOUNDATION, THROUGH ITS 121 FUNDS, PROVIDES FINANCIAL SUPPORT FOR SCHOLARSHIPS, PRESENTS AWARDS IN RECOGNITION OF INNOVATION AND LEADERSHIP, AND PROVIDES STEM EDUCATION TRAINING AND MATERIALS TO PREK- 12 TEACHERS. ALL FUNDS RAISED ADVANCE THE SAE FOUNDATION'S MISSION AND FURTHERS THE SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE ORGANIZATION. SCHOLARSHIP RECIPIENTS ARE APPROVED BY A PANEL OF INDEPENDENT VOLUNTEERS. THE SAE FOUNDATION MONITORS THE SUPPORTED PROGRAMS THROUGH REPORTS AND OTHER INFORMATION COLLECTION MECHANISMS. SCHOLARSHIPS ARE SENT DIRECTLY TO THE SCHOOL RATHER THAN THE INDIVIDUAL; THEREFORE, MONITORING IS NOT REQUIRED. HOWEVER, IN ORDER TO BE SELECTED TO RECEIVE A SCHOLARSHIP, THERE ARE REQUIREMENTS THAT MUST BE MET RELATED TO ATTAINING CERTAIN GRADES AND/OR HAVING A FINANCIAL NEED. ADDITIONALLY, FOR SCHOLARSHIPS THAT CAN BE RENEWED, STUDENTS MUST CONTINUE TO MEET THE MINIMUM REQUIREMENTS ESTABLISHED TO RETAIN THE SCHOLARSHIP.

Schedule I (Form 990) Rev. 1-2025

**Additional Data**

[Return to Form](#)

**Software ID:** 24020961  
**Software Version:** 2024v5.1

**efile Public Visual Render** | **ObjectID: 202533219349326743 - Submission: 2025-11-17** | **TIN: 25-1494402**

**Schedule J**  
(Form 990)  
(Rev. January 2025)

**Compensation Information**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization SAE INTERNATIONAL	<b>Employer identification number</b> 25-1494402
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b> Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .</p>	<b>2</b> Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b> Yes									
	<b>4b</b> Yes									
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b> Yes									
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p>	<b>6a</b> Yes									
	<b>6b</b>	No								

If "Yes," on line 6a or 6b, describe in Part III.

<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>		

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Cat. No. 50053T **Schedule J (Form 990) (Rev. 1-2025)**

Schedule J (Form 990) (Rev. 1-2025)

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

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 the 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) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> GREGORY L BRADLEY ESQ CHIEF GENERAL COUNSEL & SECRETARY; CO-CEO (AS OF 05/2024)	(i)	327,612	103,700	103,743	45,321	21,423	601,799	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> DAVID L SCHUTT PHD CEO/ACT EVP/COO (THRU 05/2024)	(i)	329,653	364,014	231,189	34,500	9,372	968,728	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> BRIAN K TRYBEND CHIEF FINANCIAL OFFICER	(i)	313,050	105,200	94,691	44,693	10,918	568,552	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> ELIZABETH JONES CHIEF HUMAN RESOURCE OFFICER	(i)	250,628	40,000	76,269	58,377	22,016	447,290	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> RICHARD E WILKIE CHIEF INFORMATION OFFICER	(i)	340,570	114,500	96,369	74,031	24,866	650,336	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> CHRISTOPHER M CIUCA VP PROFESSIONAL ENGAGEMENT	(i)	249,742	31,400	0	28,997	27,472	337,611	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> DAVID A KURYWCHAK VP CUSTOMER EXPERIENCE (THRU 09/2024)	(i)	180,741	30,800	135,324	11,976	21,427	380,268	0
	(ii)	0	0	0	0	0	0	0

8 FRANK MENCHACA PRESIDENT SUSTAIN MOBILITY (THRU 12/2024)	(i)	392,602	96,400	18,230	34,500	24,096	565,828	0
	(ii)	0	0	0	0	0	0	0
9 DAVID PAZZAGLIA VP OF IT (THRU 09/2024)	(i)	160,869	27,450	101,334	19,373	16,828	325,854	0
	(ii)	0	0	0	0	0	0	0
10 JOHN TINTINALLI GENERAL MANAGER EUROPE	(i)	287,181	36,700	0	22,928	10,313	357,122	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	CARLA J. BAILO, SAE PRESIDENT AND CHAIR - PROVIDED WITH SPOUSAL TRAVEL IN THE AMOUNT OF \$8,829, WHICH WAS REPORTED AS TAXABLE INCOME ON FORM 1099 AND INCLUDED A GROSS-UP PAYMENT.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	CARLA J. BAILO, SAE PRESIDENT AND CHAIR - PROVIDED WITH TAX INDEMNIFICATION IN THE AMOUNT OF \$6,199, WHICH WAS REPORTED AS TAXABLE INCOME ON FORM 1099 AND INCLUDED A GROSS-UP PAYMENT.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	JOHN TINTINALLI, GENERAL MANAGER - EUROPE WAS PROVIDED WITH TEMPORARY HOUSING DURING THE YEAR. THIS HOUSING BENEFIT WAS TREATED AS TAXABLE INCOME AND INCLUDED A GROSS-UP PAYMENT IN THE AMOUNT OF \$21,782. THE AMOUNT WAS REPORTED AS TAXABLE COMPENSATION IN ACCORDANCE WITH APPLICABLE TAX LAWS AND INCLUDED IN HIS FORM W-2 FOR THE YEAR.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	FULLSIGHT, LLC, A RELATED ORGANIZATION OF SAE INTERNATIONAL, USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	DAVID L. SCHUTT, PHD, RECEIVED A VACATION PAYOUT OF \$66,189 UPON HIS TERMINATION ON MAY 1, 2024. THIS PAYMENT WAS MADE IN ACCORDANCE WITH HIS EXECUTIVE EMPLOYMENT AGREEMENT AND WAS REPORTED AS TAXABLE COMPENSATION ON FORM W-2. THIS AMOUNT REPRESENTS POST-EMPLOYMENT COMPENSATION MADE DURING THE YEAR. DAVID KURYWCHAK RECEIVED SEVERANCE PAYMENTS TOTALING \$118,434 AND A VACATION PAYOUT OF \$7,810 IN 2024. BOTH AMOUNTS WERE REPORTED AS TAXABLE COMPENSATION ON FORM W-2. THESE AMOUNTS REPRESENT POST-EMPLOYMENT COMPLENSATION UNDER THE TERMS OF HIS EMPLOYMENT ARRANGEMENT. MR. KURYWCHAK ALSO RECEIVED A DISTRIBUTION OF \$9,080 UNDER A 457(B) PLAN. THE 457(B) DISTRIBUTION IS REPORTED SEPARATELY IN SCHEDULE J, PART II. DAVID PAZZAGLIA RECEIVED A LUMP SUM SEVERANCE PAYMENT OF \$92,378 AND A VACATION PAYOUT OF \$8,956 UPON HIS TERMINATION ON SEPTEMBER 24, 2024. BOTH AMOUNTS WERE REPORTED AS TAXABLE COMPENSATION ON FORM W-2. THESE AMOUNTS REPRESENT POST-EMPLOYMENT COMPENSATION UNDER THE TERMS OF HIS EMPLOYMENT ARRANGEMENT. IN ADDITION, THE FOLLOWING INDIVIDUALS EACH RECEIVED TEMPORARY COMPENSATION UPLIFTS DURING 2024 DUE TO SIGNIFICANT LEADERSHIP CHANGES AND BUSINESS CONTINUITY NEEDS. THESE INDIVIDUALS ASSUMED EXPANDED RESPONSIBILITIES DURING A PERIOD OF ORGANIZATIONAL TRANSITION. WHILE THESE PAYMENTS WERE NOT

	STRUCTURED AS TRADITIONAL SEVERANCE OR CHANGE-OF-CONTROL LUMP SUMS, THEY WERE DIRECTLY TIED TO EXECUTIVE LEADERSHIP CHANGES AND THEREFORE FALL WITHIN THE SCOPE OF CHANGE-IN-CONTROL-RELATED COMPENSATION. UPLIFT PAYMENTS MADE DURING THE YEAR WERE AS FOLLOWS: GREGORY L. BRADLEY, ESQ.: \$103,743 BRIAN K. TRYBEND: \$94,691 RICHARD E. WILKIE: \$96,369 ELIZABETH JONES: \$76,269 NO ADDITIONAL SEVERANCE OR POST-EMPLOYMENT PAYMENTS WERE MADE TO THESE INDIVIDUALS DURING THE YEAR BEYOND THE AMOUNTS DISCLOSED ABOVE.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	INDIVIDUALS PARTICIPATE IN A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. EMPLOYER DISTRIBUTIONS ARE INCLUDED IN COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III). NO PAYMENTS WERE RECEIVED BY ANY INDIVIDUALS IN 2024.
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	ANNUAL FINANCIAL, OPERATIONAL, AND STRATEGIC TARGETS WERE ESTABLISHED FOR SAE INTERNATIONAL. INCENTIVE COMPENSATION WAS ACCRUED, AND IN SOME INSTANCES, AWARDED TO CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, SENIOR MANAGEMENT AND OTHERS BASED ON PERFORMANCE AGAINST THESE TARGETS. WHILE FINANCIAL PERFORMANCE METRICS INCLUDED REVENUE, COMPENSATION WAS NOT SOLELY CONTINGENT ON REVENUE. INCENTIVES WERE BASED ON A COMBINATION OF FACTORS, INCLUDING BUT NOT LIMITED TO REVENUE, MARGIN, STRATEGIC EXECUTION, AND ORGANIZATIONAL EFFECTIVENESS.
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	ANNUAL FINANCIAL, OPERATIONAL, AND STRATEGIC TARGETS WERE ESTABLISHED FOR SAE INTERNATIONAL. INCENTIVE COMPENSATION WAS ACCRUED, AND IN SOME INSTANCES, AWARDED TO CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, SENIOR MANAGEMENT AND OTHERS BASED ON PERFORMANCE AGAINST THESE TARGETS. WHILE FINANCIAL PERFORMANCE METRICS INCLUDED REVENUE AND MARGIN, COMPENSATION WAS NOT SOLELY CONTINGENT ON NET EARNINGS. INCENTIVES WERE BASED ON A BALANCED SCORECARD OF OBJECTIVES, INCLUDING STRATEGIC INITIATIVES, OPERATIONAL EFFECTIVENESS, AND FINANCIAL RESULTS.

Schedule J (Form 990) (Rev. 1-2025)

## Additional Data

[Return to Form](#)

**Software ID:** 24020961  
**Software Version:** 2024v5.1

**efile Public Visual Render****ObjectId: 202533219349326743 - Submission: 2025-11-17****TIN: 25-1494402****SCHEDULE O  
(Form 990)**(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**Name of the organization  
SAE INTERNATIONAL**Employer identification number**

25-1494402

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,163,572 including grants of \$ 0)(Revenue \$ 0) MEMBER RELATIONS - ADMINISTRATION OF SECTION ACTIVITIES, LEADERSHIP CONFERENCE FOR SECTION OFFICERS, PROCESSING AND EVALUATING MEMBER APPLICATIONS.
Form 990, Part VI, Line 15a	FULLSIGHT, LLC, A RELATED ORGANIZATION, USES A DOCUMENTED PROCESS FOR DETERMINING THE COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL OF THE FILING ORGANIZATION. COMPENSATION LEVELS ARE MARKET PRICED USING BENCHMARK DATA BASED ON THE APPLICABLE JOB DESCRIPTION FOR THE POSITION, AND GEOGRAPHIC REGION. THIS POSITION WAS MARKET PRICED IN 2024. THE ORGANIZATION ALSO CONDUCTS AN ANNUAL PERFORMANCE EVALUATION BASED ON INDIVIDUAL EMPLOYEE PERFORMANCE FOR THE YEAR. THE TOP MANAGEMENT OFFICIAL MAY RECEIVE A MERIT INCREASE BASED ON PERFORMANCE RATINGS, CURRENT POSITION WITHIN THE SALARY RANGE AND COMPANY FINANCIAL PERFORMANCE. A SEPARATE FIRM IS UTILIZED TO BENCHMARK COMPENSATION DATA FOR THE TOP MANAGEMENT OFFICIAL.
Form 990, Part VI, Line 15b	FULLSIGHT, LLC, A RELATED ORGANIZATION, USES A DOCUMENTED PROCESS FOR DETERMINING THE COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE FILING ORGANIZATION. COMPENSATION LEVELS ARE MARKET PRICED USING BENCHMARK DATA BASED ON THE APPLICABLE JOB DESCRIPTION FOR EACH POSITION, AND GEOGRAPHIC REGION. THESE POSITIONS WERE MARKET PRICED IN 2024. THE ORGANIZATION ALSO CONDUCTS AN ANNUAL PERFORMANCE EVALUATION BASED ON INDIVIDUAL EMPLOYEE PERFORMANCE FOR THE YEAR. FOR OTHER OFFICERS AND KEY EMPLOYEES, EACH EMPLOYEE MAY RECEIVE A MERIT INCREASE, AT HIS OR HER MANAGER'S DISCRETION, BASED ON PERFORMANCE RATINGS, CURRENT POSITION WITHIN THE SALARY RANGE AND COMPANY FINANCIAL PERFORMANCE. A SEPARATE FIRM IS UTILIZED TO BENCHMARK COMPENSATION DATA FOR ALL OTHER OFFICERS AND KEY EMPLOYEES.
Form 990, Part VI, Line 6 Classes of	SAE INTERNATIONAL IS A MEMBERSHIP-BASED NONPROFIT ORGANIZATION. IT HAS MULTIPLE CLASSES OF MEMBERS, INCLUDING HONORARY, FELLOW, MEMBER, ASSOCIATE, JOINT, AND STUDENT. ONLY HONORARY, FELLOW, AND MEMBER GRADES ARE VOTING MEMBERS.



	management and General Expenses: , Fundraising Expenses: , - Total Expense: , Program Service Expense: , management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN PENSION ADJUSTMENT - 1339395; Total - 1339395;

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

## Additional Data

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

**efile Public Visual Render** | **ObjectID: 202533219349326743 - Submission: 2025-11-17** | **TIN: 25-1494402**

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
SAE INTERNATIONAL

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**Employer identification number**

25-1494402

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

(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	(f) Direct controlling entity
(1) SAE GLOBAL LLC 400 COMMONWEALTH DRIVE WARRENDALE, PA 15096 45-3526121	ENGINEERING STANDARDS DEVELOPMENT	PA	0	1,707,697	SAE INTERNATIONAL

**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.

(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) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PERFORMANCE REVIEW INSTITUTE INC 161 THORNHILL ROAD  WARRENDALE, PA 15086 25-1633904	ACCREDITATION AND INDUSTRY STANDARDS	PA	501(c)(6)		SAE INTERNATIONAL	Yes	
(2) SAE INDUSTRY TECHNOLOGIES CONSORTIA 400 COMMONWEALTH DRIVE  WARRENDALE, PA 15096 20-4860294	MOBILITY STANDARDS AND INNOVATION	PA	501(c)(6)		SAE INTERNATIONAL	Yes	
(3) SAE GOVERNMENT TECHNOLOGIES 755 W BIG BEAVER ROAD  TROY, MI 48084 81-3279830	TECHNOLOGY EDUCATION AND RESEARCH	MI	501(c)(3)	7	SAE INDUSTRY TECHNOLOGIES CONSORTIA	Yes	


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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership 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) 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FULLSIGHT LLC 400 COMMONWEALTH DR Warrendale, PA 15096 82-2833702	BUSINESS AND PROGRAM SUPPORT SERVICES	PA	SAE INTERNATIONAL	Excluded	69,833	42,928,678		No	0	Yes		100 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)SAE MEDIA GROUP INC 261 5TH AVENUE STE 1901 NEW YORK, NY 10016 11-2903233	PUBLISHING	NY	SAE INTERNATIONAL	C Corporation		11,687,104	100 %	Yes	
(2)PRI EUROPE LIMITED 1 YORK STREET	SUPPORT SERVICES	UK	NA	C Corporation				Yes	

Organization Name	Business Description	Country	Entity Name	Entity Type	Ownership %	Control
(3) SAE INDUSTRIAL CONSULTING SERVICES LONDON W1U6PA UK NO 1350 N SICHUAN RD LITONG PLAZA RM 2506 SHANGHAI 200085 CH	CONSULTING	CH	SAE GLOBAL LLC	C Corporation	100 %	Yes
(4) SAE GROUP EUROPE BV FRED ROESKESTRAAT 115 AMSTERDAM 1076EE NL	SUPPORT SERVICES	NL	SAE GLOBAL LLC	C Corporation	100 %	Yes
(5) PRI CAPE (BEIJING) CERTIFICATION RM 219 BLDG NO 1 JINGSHUN RD B BEIJING CH	SUPPORT SERVICES	CH	NA	C Corporation		Yes
(6) SMI GROUP LIMITED GROUND FLOOR INDIA HOUSE 45 CURLEW STREET LONDON SE12ND UK	SUPPORT SERVICES	UK	SAE INTERNATIONAL	C Corporation	100 %	Yes
(7) SMI GROUP HOLDINGS GROUND FLOOR INDIA HOUSE 45 CURLEW STREET LONDON SE12ND UK	SUPPORT SERVICES	UK	SAE INTERNATIONAL	C Corporation	100 %	Yes
(8) OCTONX SATURNUSSTRAAT 46-62 HOOFDDORP 2132HB NL	SUPPORT SERVICES	NL	NA	C Corporation		Yes
(9) SRI-JICQA CORPORATION 12TH FLOOR IRIFUNE CHUO-KU TOKYO 1040042 JA	SUPPORT SERVICES	JA	NA	C Corporation		Yes

Schedule R (Form 990) (Rev. 1-2025)

**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) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	

<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAE MEDIA GROUP INC	L	524,192	FMV
(2)SMI GROUP LIMITED	L	332,232	FMV
(3)FULLSIGHT LLC	O	16,827,074	FMV
(4)PERFORMANCE REVIEW INSTITUTE INC	J	455,227	FMV
(5)PERFORMANCE REVIEW INSTITUTE INC	P	288,433	FMV
(6)SAE INDUSTRY TECHNOLOGIES CONSORTIA	M	281,900	FMV

**Schedule R (Form 990) (Rev. 1-2025)**

**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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



