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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2008 calendar year, or tax year beginning OCT 1, 2008 and ending S	EP 30, 2009	
В	Check of	Please C Name of organization	D Employer identific	cation number
	applicable	USE IRS GEORGIA ENGINEERING FOUNDATION, INC.		
	Addres	ss label of C ALTOTA COCEDED		
\vdash	Name	type Dana Business As	23-7	193629
F	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
F	iretum Termin	Specific 222 DEAGLIMDER CODDER NE	•	521-2324
늗	lation ☐Ameno			105,846.
F	ireturn ☐Applic	City of town, state of country, and ZIP + 4	G Gross receipts \$	
<u>_</u>	tion pendir	AIDANIA, GA 30303	H(a) is this a group re	
		F Name and address of principal officer: JAMES CROWDER	for affiliates?	Yes X No
			H(b) Are all affiliates inc	
-		empt status. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list (see instructions)
		e: ► WWW.GEFINC.ORG	H(c) Group exemption	
			of formation: 1971 N	State of legal domicile: GA
P	art I	Summary		
Φ	1	Briefly describe the organization's mission or most significant activities: AWARDS TO	WORTHY STUD	ENTS
ž	1			
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25% of its assets	S.
o Ve	3	Number of voting members of the governing body (Partivi, integral V)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 15)	4	31
ళ	1		5	0
itie	1	Total number of employees (Part V, line 2a) Q. FEB. 1 6 2010 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII-line 12 column (C)	6	0
Activities	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
⋖		Net unrelated business taxable income from Form 990 (in BFN)	7b	0.
	 -		Prior Year	Current Year
4.	8	Contributions and grants (Part VIII, line 1h)	48,282.	76,749.
ř	9	Program service revenue (Part VIII, line 2g)	4,370.	7,960.
Revenue	10		36,402.	21,137.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	854.	21,151.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,908.	105,846.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,337.	52,500.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	04,337.	52,500.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
X	Ь	Total fundraising expenses (Part IX, column (D), line 25)	15.042	41 305
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,943.	41,385.
	1	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)	82,280.	93,885.
	19	Revenue less expenses. Subtract line 18 from line 12	7,628.	11,961.
Net Assets or		The state of the s	Beginning of Year	End of Year
Sset	일 20	Total assets (Part X, line 16)	613,183.	625,144.
at A	21	Total liabilities (Part X, line 26)		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20 .	613,183.	625,144.
P	art II	Signature Block		
<u>⊃</u>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowled	ge and belief, it is true, correct,
J J		1. 1. 10 (a)	1 2 6	2010
Sig	gn	Jane 17. VIVIII	Data	2010
₁ He	re	Signature of officer	Date	
:		JAMES CROWDER, TREASURER		
		Type or print name and title	-1.6	
Pai	id	TED 0 1 2010se		er's identifying number structions)
_	parer's		f- iployed (see in	
	e Only	Firm's name (or BIRNBREY, MINSK, MINSK & PERLING LLC	EIN ►	·
ادن		self-employed), 1801 PEACHTREE ST., N.E., SUITE 300		
_		ZIP+4 ATLANTA, GA 30309-1815	Phone no. 🕨 (404)355-3870
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2008)

832002 12-18-08 Form 990 (2008) C/O ALICIA SOSEBEE
Part'IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	- {	ĺ	
	If "Yes," complete Schedule A	_1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	}		İ
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			I
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,]
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			}
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
-	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		}	
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
=	any tax-exempt bonds?	24c	<u>L</u>	
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
-	prior year? If "Yes," complete Schedule L, Part I	25b	1	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		T	
_•	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27_		x
			990	(2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	}	}	1
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	İ	}	l
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	1	{	1
	If "Yes," complete Schedule L, Part IV	28b	<u></u>	X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	1	}	
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		-
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		ļ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			}
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?]	}
	If "Yes," complete Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	}	1	1
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		{	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	<u> </u>
		Form	990	(2008)

Form 990 (2008) C/O ALICIA SOSEBEE

Part'V Statements Regarding Other IRS Filings and Tax Compliance

23-7193629 Page 5

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of]				
	U.S Information Returns. Enter -0- if not applicable	1a		<u> </u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		ַ	}	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gamıng	1		
	(gambling) winnings to prize winners?			1c		<u>X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			_		
	filed for the calendar year ending with or within the year covered by this return	_2a		<u> </u>	}	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			ł	ł	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	this return?	3a	ļ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				1	.,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4 <u>a</u>		X
b	If "Yes," enter the name of the foreign country:			1	Ì	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank	and	İ		
_	Financial Accounts.				1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		2	<u>5a</u>	├	X
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b	-	_A_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	nega	raing Pronibited	5c		j
60	Tax Shelter Transaction?			6a	 	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions that were not tax deductible?	tions d	or aifte	Oa .	1	
D	were not tax deductible?	tions (or girts	6b		}
7	Organizations that may receive deductible contributions under section 170(c).	• •		100		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas rec	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal	}	}	
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		79	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as r	equired?	7h	J	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	rganız	ation, have		1	ĺ
	excess business holdings at any time during the year?	•		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				}]
а	Did the organization make any taxable distributions under section 4966?			9a	 	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	┼	├
10	Section 501(c)(7) organizations. Enter: N/A	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	7	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		}
11	Section 501(c)(12) organizations. Enter: N/A	1 44-	1	}		}
a	Gross income from members or shareholders	11a	 	-]
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	}		}	}
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	1	120	+	1
<u> </u>	11 100, Girel the amount of the exempt interest received of accided during the year.	120	<u> </u>	Eorn	- 990	(2008)

Form 990 (2008) C/O ALICIA SOSEBEE 23-7193629 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the 23-7193629 Internal Revenue Code.) Section A. Governing Body and Management

<u>sec</u>	uon A. Governing Body and Management		1	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	- }	1	
	processes, or changes in Schedule O. See instructions.	-	1	
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 19 31	ł	1	
b	Zino tra nambor of voting manager and trace of the coperation		ľ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	j	37
	officer, director, trustee, or key employee?	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1	j	
	of officers, directors or trustees, or key employees to a management company or other person?	_3_	}	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u> _
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		}	
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		}	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ		
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	}		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	}		
а	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
b	Other officers or key employees of the organization?	15b	<u> </u>	X
	Describe the process in Schedule O (see instructions)	[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		{	
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation)]	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's)]	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	-	
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-	
	JAMES CROWDER, TREASURER - 404-521-2324			
	233 PEACHTREE STREET NE, STE 700, ATLANTA, GA 30303			
2200				

832006 12-18-08

C/O ALICIA SOSEBEE

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F) Estimated
Name and Title	Average hours	(0	heck				ly)	Reportable compensation	Reportable compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVEN T. POOLE PRESIDENT	1.00						i	0.	0.	0.
JAMES REMICH SECRETARY	1.00							0.	0.	0.
JAMES CROWDER TREASURY	1.00							0.	0.	0.
			1							
		+	1		-		-			
		\dagger	+-	\vdash						
				-	-					
832007 12-18-08				<u></u>	ــــــــــــــــــــــــــــــــــــــ	1	1		 	Form 990 (2008

	(A) Name and title	(B) (C) Average Position hours (check all that apply)							(D) Reportable	(E) Reportable			
		per week	director	Institutional trustee		Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	(C)	other compense from the organiza and rela organizat	ation ne tion ted
			-			_	-						
				-			-				_		
				-		 	-				_		
			-			-	-	-					
			-	-	<u> </u>	-	-	-					
	Total	1			<u> </u>				0.	<u> </u>	0.		0.
2	Total number of individuals (including thos compensation from the organization	e in 1a) who re	ceiv	red r	nore	tha	ın \$1	100,			<u> </u>		0
3	Did the organization list any former officer			e, ke			yee,	or I	highest compensated e	mployee on	ſ	Yes	No X
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	ie c			atıo				the organization	-	4	X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheen	accrue compe	nsa	tion						rices rendered to		5	x
1	Complete this table for your five highest of the organization NONE	ompensated in	dep	end	ent o	cont	tract	ors	that received more than	\$100,000 of con	npensat	ion from	
	(A) Name and business	s address	_						(B) Description of	services	Co	(C) mpensati	on
									·				
								_					
		- <u></u>											
_	Table	Garate de la constantina della			.6				then \$100,000				
	Total number of independent contractors from the organization ▶	(including thos	e in	1) W	/110 1			ino	re triair \$100,000 in con	nperisation	F	orm 990	(2008)

9

105,846.

12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

d All other revenuee Total. Add lines 11a-11d

7,960.

21,137.

Form **990** (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are		ete columns (B), (C), an	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	52,500.	52,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			}	
	trustees, and key employees				
6	Compensation not included above, to disqualified		,	ļ	
	persons (as defined under section 4958(f)(1)) and		ł	Ì	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		ſ	j	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,900.		1,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office automate				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				J
19	Conferences, conventions, and meetings				
20	Interest	1.		1.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
9	ADMINISTRATIVE EXPENSES	33,068.	 	33,068.	
a h	AWARDS DINNER	5,766.	5,766.	20,000.	
0	OTHER	650.	3,700.	650.	
d		0.50.			
e					
e f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	93,885.	58,266.	35,619.	0.
<u>25</u> 26	Joint Costs. Check here J if following	23,003.	20,200.	33,013.	
20	SOP 98-2. Complete this line only if the organization]
	reported in column (B) joint costs from a combined			[(
	educational campaign and fundraising solicitation				
	outoutional campaign and fundialising sonettation				

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23-7193629 Page 11

			(A) Beginning of year		E	(B)	/ear	
	1	Cash · non-interest-bearing		1				<1.
	2	Covings and terminate and investments	73,032.	2		73	3,1	
	3	Pledges and grants receivable, net		3				==-
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key						
	. 5	employees, or other related parties. Complete Part II of Schedule L.		5				
	_	Receivables from other disqualified persons (as defined under section		3				
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		, ,				
		Doub Black Colonials I		6				
	_		 	7				
Assets	7	Notes and loans receivable, net	 					
Ass	8	Inventones for sale or use	 	8 9				
	9	Prepaid expenses and deferred charges		9				
		Land, buildings, and equipment: cost basis . 10a						
	D	Less: accumulated depreciation Complete		40-				
	4.4	Part VI of Schedule D 10b	539,748.	10c		55'	L,5	03
	11	Investments - publicly traded securities	337,140.	11		ـ يـ يـ	<u> </u>	<u>,,</u>
	12	Investments - other securities. See Part IV, line 11	<u> </u>	12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets	403.	14 15				03.
	15	Other assets See Part IV, line 11	613,183.			621	$\frac{1}{5,1}$	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	013,103.			04:	<u>, , , , , , , , , , , , , , , , , , , </u>	44.
	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities	<u> </u>	20				
<u>ie</u>	21	Escrow account liability. Complete Part IV of Schedule D	<u> </u>	21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
Lial	}	highest compensated employees, and disqualified persons. Complete Part II		00				
		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	 	23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	0.	25				0.
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26				<u> </u>
	}	Organizations that follow SFAS 117, check here and complete						
Ces		lines 27 through 29, and lines 33 and 34.		07				
<u>a</u>	27	Unrestricted net assets	 	27	<u></u>			
Net Assets or Fund Balan	28	Temporarily restricted net assets		28				
Ĕ	29	Permanently restricted net assets		29				
Ē	l	Organizations that do not follow SFAS 117, check here X and			Ì			
S	20	complete lines 30 through 34. Capital stock or trust principal, or current funds	0.	30	ĺ			0.
set	30		0.	31				0.
Š	31	Paid-in or capital surplus, or land, building, or equipment fund	613,183.		 	62	5,1	
Šei	32	Retained earnings, endowment, accumulated income, or other funds	613,183.				$\frac{5}{5}, \frac{1}{1}$	
	33	Total net assets or fund balances Total liabilities and net assets/fund balances	613,183.		 		$\frac{3}{5}, \frac{1}{1}$	
Pa	rt XI		013,103.			02	<u>, , , , , , , , , , , , , , , , , , , </u>	
		Thianolal Guacinents and Heporting					Yes	No
4	Δοοο	ounting method used to prepare the Form 990: X Cash Accrual	Other		[ļ
22		e the organization's financial statements compiled or reviewed by an independent			,	2a		Х
		e the organization's financial statements complied of reviewed by an independent accountant?	a. source it i		ţ	2b		X
		es" to lines 2a or 2b, does the organization have a committee that assumes respo	nsibility for oversight of the	೯ ೩೮ರಗ	, }			
U		es to lines 2a of 2b, does the organization have a committee that assumes responsive, or compilation of its financial statements and selection of an independent according to the committee that assumes responsively.		- 40411	"]	2c		ļ
20		result of a federal award, was the organization required to undergo an audit or au		ale Ar	dit			
Ja		and OMB Circular A-133?	Lo ook forth in the Only	J		3a		X
h		es," did the organization undergo the required audit or audits?	• • • • • •	• •		3b		
	1 12-18					Form	990	2008

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

GEORGIA ENGINEERING FOUNDATION, INC.

Employer identification number

		C/O ALI	CIA SOSEBEE						23	-7193	629	
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) (see inst	ructions)				
The organi	zation is not a	private foundation t	pecause it is: (Please ch	eck only o	ne organiz	ation.)	-		-			
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀			al service organization		n section	170(b)(1)(A)(iii). (Att	ach Sche	dule H.)			
4 🔲			operated in conjunction							e hospital'	s name	е,
	city, and stat	e [.]										
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governr	nental uni	describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental uni	t described	l in sectio	n 170(b)(1)(A)(v).					
7 🔲	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ibed ir	1
	section 170(b)(1)(A)(vi). (Complet	te Part II.)									
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rece	eives: (1) more than 33	1/3% of its	support fr	rom contril	butions, m	nembershij	p fees, and	d gross rec	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	/3% of its	support fi	rom gross	ınvestı	nent
	income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	the Part III.)									
10			perated exclusively to te									
11	An organizati	on organized and op	perated exclusively for the	he benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the p	ourposes o	f one o	or
			itions described in secti) See sec	tion 509(a)(3). Ched	ck the box	that	
			organization and compl						, -1			
	a Type		_ ,.	с 📖 Тур		•	-			Type III - C		
e		-	t the organization is not									ר
		-	han one or more publicl						9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th								•		L
g			organization accepted a								F	
	• • •	•	irectly controls, either a		ether with	persons o	lescribed	ın (ii) and (iii) below,	<u></u>	Yes	No
	•	• •	upported organization?		••			-		11g(i)		
	• •	-	n described in (i) above?			•			•	11g(ii)		
		•	person described in (i)	• • •			•			11g(iii)	1	
h	Provide the f	ollowing information	about the organizations	s the organ	ization sup	oports.						
		,	(iii) Type of	ke 14-45-		1000		6.01	45-			
• •	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			Lorganizatio	on in col. l	(vii) An		f
orga	anization	}	(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
		 	(ood mondonon)	1				 	 			
		ł	}		1		ł	}	1			
				 					1			
					1	ŀ		1	1 1			
				† ·- · · · ·								
						ĺ		1				
				1	1							
						<u> </u>	ļ 					
	-											
Total		1	}				{					

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you checked	THE BOX OF MIC), <i>i</i> , or o or raiti.				
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and]
	membership fees received. (Do not			1			[
	include any "unusual grants.")				<u></u>		
2	Tax revenues levied for the organ-		ļ]]	1	}
	ization's benefit and either paid to		}	1		1]
	or expended on its behalf				<u> </u>		
3	The value of services or facilities		ł				
	furnished by a governmental unit to		1	}		}	ł
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions					{	4
	by each person (other than a		İ	1			ŧ.
	governmental unit or publicly			1			1
	supported organization) included					ì	į
	on line 1 that exceeds 2% of the		[[1
	amount shown on line 11,						}
	column (f)						<u> </u>
6	Public Support. Subtract line 5 from line 4			<u> </u>	<u> </u>]	<u> </u>
Sec	ction B. Total Support				,		
Cald	endar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		ļ	1	}	 	}
	dividends, payments received on		1			f	<u> </u>
	securities loans, rents, royalties		Ì				1
	and income from similar sources			<u> </u>			
9	Net income from unrelated business		1		1	{	
	activities, whether or not the		1				
	business is regularly carned on			<u> </u>			ļ
10	Other income. Do not include gain				,]	
	or loss from the sale of capital		}			1	
	assets (Explain in Part IV.)			J		 	<u> </u>
11	Total support. Add lines 7 through 10		J]		<u> </u>	<u> </u>
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop		····	 		:	
Se	ction C. Computation of Publ					, , , , , , , , , , , , , , , , , , , 	
14	Public support percentage for 2008 (•	column (f))		14	
15	Public support percentage from 2007					15	
16a	33 1/3% support test - 2008. If the o				14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies		•				▶∟_
t	33 1/3% support test - 2007. If the o					6 or more, check t	nis box
	and stop here. The organization qual						▶ L_
17a	10% -facts-and-circumstances tes		=				
	and if the organization meets the "fac					art IV how the orga	inization
	meets the "facts-and-circumstances"						P L
k	10% -facts-and-circumstances tes						
	more, and if the organization meets the						ie _ r
	organization meets the "facts-and-circ Private foundation. If the organization		=				>

Sec	ction A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received (Do not	1	ŀ								
	include any "unusual grants.")	247,627.	84,720.	78,477.	52,652.	76,749.	540,225.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that			Į							
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ-				ļ						
	ization's benefit and either paid to			ļ	}						
	or expended on its behalf										
	The value of services or facilities furnished by a governmental unit to the organization without charge	0.45 605	0.4 17.0	70 477	50.650	76 740	F40 22F				
-	Total. Add lines 1 - 5	247,627.	84,720.	78,477.	52,652.	76,749.	540,225.				
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons										
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000										
•	: Add lines 7a and 7b										
	Public support (Subtract line 7c from line 6)						540,225.				
	ction B. Total Support	,									
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
-	Amounts from line 6	247,627.	84,720.	78,477.	52,652.	76,749.	540,225.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,910.	27,615.	32,746.	36,402.	21.138.	132,811.				
Ŀ	Unrelated business taxable income										
	(less section 511 taxes) from businesses				Ì						
	acquired after June 30, 1975										
(Add lines 10a and 10b	14,910.	27,615.	32,746.	36,402.	21,138.	132,811.				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,635.	3,898.	<2,138.	> 854.	2,194.	9,443.				
	Total support (Add lines 9, 10c, 11, and 12)					L	682,479.				
14	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	zation,				
Se	check this box and stop here	ic Support Pe	rcentage				<u> </u>				
15	Public support percentage for 2008 (olumn (f))		15	79.16 %				
16	Public support percentage from 2007	7 Schedule A, Part	IV-A, line 27g	· · · · · · · · · · · · · · · · · · ·		16	82.16 %				
Se	ction D. Computation of Inve										
17	Investment income percentage for 20	008 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	19.46 %				
18	Investment income percentage from	2007 Schedule A,	Part IV-A, line 27h			18	<u>15.28 %</u>				
198	33 1/3% support tests - 2008. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1					
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
t	33 1/3% support tests - 2007. If the										
	line 18 is not more than 33 1/3%, che						. ▶∐				
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th		edule A (Form 99	200 571 5555				

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public

OMB No 1545-0047

Inspection

GEORGIA ENGINEERING FOUNDATION, INC. Name of the organization

C/O ALICIA SOSEBEE

Employer identification number 23-7193629

Par			s or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			_
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	_
-	are the organization's property, subject to the organization's			No
6	Did the organization inform all grantees, donors, and donor a		e used only	
	for charitable purposes and not for the benefit of the donor of	• •	. — —	No
Par				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or public use)	pleasure) Preservation of an h	storically important land area	
	Protection of natural habitat	Preservation of certification	fied historic structure	
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation easement on the last day	
	of the tax year.			
			Held at the End of the Ye	<u>ear</u>
	Total number of conservation easements		2a	
b	· ·		<u>2b</u>	
C	Number of conservation easements on a certified historic str		2c	
	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re	sleased, extinguished, or terminated by tr	ne organization during the taxable	
4	year ►	seement is located		
4 5	Does the organization have a written policy regarding the pe		and	
•	enforcement of the conservation easements it holds?			No
6	Staff or volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for	
	conservation easements.		·	
Par	rt III Organizations Maintaining Collections o		Other Similar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	······································	
1a	If the organization elected, as permitted under SFAS 116, no	·		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the tex	ct of
	the footnote to its financial statements that describes these			
b	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating	j to
	these items.		N 0	
	(i) Revenues included in Form 990, Part VIII, line 1		. \$	
		occurrent or other similar assets for finance	Þ Þ	
2	If the organization received or held works of art, historical tre		iai gairi, provide	
_	the following amounts required to be reported under SFAS	_	► ¢	
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		. ► \$ ► \$	
b	Assets included in Form 950, Fall X		Ψ	

832051 12-23-08

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Schedule D (Form 990) 2008

		IA SOSEBE					<u>23-71</u>			
Pai	rt'III Organizations Maintaining Co	llections of A	rt, Historica	al Treasures,	or Othe	er Simila	ar Asse	ts (conti	nued)	
3	Using the organization's accession and other	records, check any	of the following	ng that are a sigr	nificant use	of its col	lection ite	ms (chec	k all	
	that apply):									
а	Public exhibition	c	i 🔲 Loan d	or exchange prog	grams					
b	Scholarly research	e			-					
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how they fur	ther the organiza	ation's exei	mnt num	nse in Par	: XIV		
5	During the year, did the organization solicit or						330 mm a			
	to be sold to raise funds rather than to be mail				ti ici sii iliai	assets	_	Yes		No
Pai	rt IV Trust, Escrow and Custodial	Arrangements	Complete f	rappization and	worod "Voc	e" to Form	- 000 Po-		or	1 140
	reported an amount on Form 990, Part	X. ine 21.	Outiplete ii t	ngariization ans	Weieu ie	s to rom	1 330, Fa	t IV, IIIIC i	9, UI	
1a	Is the organization an agent, trustee, custodia		diany for contri	outlone or other	accote not	ıncluded				
ıa					assets not	Included		7 v		No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the fe			•		<u></u>	」 Yes	<u> </u>) NO
U	ii res, explain the arrangement in Fart XIV a	na complete the it	blowing table.							
_	December halones							Amount		
C.	Beginning balance		•	•		1c				
d	Additions during the year					1d				
е	Distributions during the year					. <u>1e</u>				
f	Ending balance							,		
2a	Did the organization include an amount on For	m 990, Part X, line	21?				. L	Yes		No
	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10									
Pai	TV Endowment Funds. Complete if	organization answe	ered "Yes" to F	orm 990, Part IV						
		(a) Current year	(b) Prior ye	ar (c) Two ye	ears back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions			-						
C	Investment earnings or losses	<u></u>								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	end balance held a	as:					·		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment ▶ %									
	Are there endowment funds not in the possess		ation that are h	neld and adminis	tared for t	he organi	zation			
Ju	by:	o.o.i oi tile oigailiz	anon mat are i	ioid and adminis	nored for th	ne organiz	Lation	Г	Yes	No
	(i) unrelated organizations								165	NO
	(ii) related organizations					•	• •	3a(i)		
L	If "Yes" to 3a(ii), are the related organizations in	· · · · ·	 San Cabadula Di					3a(ii)		
4	Describe in Part XIV the intended uses of the			·	•	•		3b		
Pai	t VI Investments - Land, Buildings	and Equipm	ent See Fem	- 000 Day V 5-	- 10					
_ (1)								/ N. D.		
	Description of investment	(a) Cost or of basis (investr	1	Cost or other casis (other)	(c) D	epreciatio	on	(d) Bool	k value)
	Land	Dasis (ii ivesti	nong I	Jasis (Utilet)	-	-				
	Land	· 								
	Buildings		<u> </u>		-					
	Leasehold improvements			-				_		
	Equipment									
_	Other	1	1				- 1			

Schedule D (Form 990) 2008

0.

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

Schedule D (Form 990) 2008 C/O ALICIA	SOSEBEE		23-7193629	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation st or end-of-year market value	
inancial derivatives and other financial products				
Closely-held equity interests				
Other				
otal (Col (b) should equal Form 990, Part X, col (B) line 12.)	>			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	e 13.		
	í	1	(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Co	st or end-of-year market value	
	1			
	 			
 				
	<u> </u>			
	<u> </u>			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	>			
Part IX Other Assets. See Form 990, Part X, In	ne 15.			
	a) Description		(b) Book va	alue
······································				
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	<u> </u>	<u> </u>	
Part X Other Liabilities. See Form 990, Part	X, Ine 25.			
(a) Description of liability		(b) Amount	1	
Federal income taxes				
			_}	
			_	
			_	
]	
]	
Total. (Column (b) should equal Form 990, Part X, col (B)) line 25.)		7	
in Part XIV, provide the text of the footnote to the organ		ents that reports the or	ganization's liability for uncertain tax t	oosition:
under FIN 48		· ·		
832053 12-23-08			Schedule D (Form 9	990) 20

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_	edule D (Form 990) 2008 C/O ALICIA SOSEBEE		<u>23-7193629</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4				
	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per	r Return	
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants 2c			
d	Other (December Dest VIII)			
_	Add trace On through Od		— ₀₋	
e	Subtract line 2e from line 1	•	2e	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses p	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
7				
a L				
b			- ↓	
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information		5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F	Part IV. line	es 1b and 2b: Part V. line	4, Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	•	, ,	,
,				
-			· · · · · · · · · · · · · · · · · · ·	
-				
			·····	
				

SCHEDULE								OMB No 1545-0047	1545-0047
(Form 990)			Grants and	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations	ń			2008
					on Court 000 B	00 10 10 10 11 /4 110			:
Department of the Treasury Internal Revenue Service			Complete it the organization answered "res," on rorm 990, Part IV, lines 21 of 22.	on answered "res," on r ► Attach to Form 990.	, on rorm 990, r m 990.	artiv, lines z i or zz.		Open to	Open to Public Inspection
Name of the organization	GEORGIA C/O ALIC	ENGINEERING IA SOSEBEE	G FOUNDATION,	N, INC.				Employer identification number 23-7193629	dentification number 23-7193629
Part General In	General Information on Grants and Assistance	nd Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
criteria used to a	criteria used to award the grants or assistance?	tance?				•		Yes	% X
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for mont	oring the use of grant	funds in the United	States.				
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	sovernments and	1 Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipier	nt received more th	ian \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and ac or go	1 (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 non-cash assistance	(h) Purpose of grant or assistance	grant :e
BENJAMIN E. MAYS	MAYS ACADEMY							SUPPORT FOR SCIENCE	ICE &
- 22	MAYS DRIVE			•	•			ENGINEERING STUDIES	ES
ATLANTA GA 30331				200	0				
	SCHOOL							SUPPORT FOR SCIENCE ENGINEERING STUDIES	ICE &
CONYERS GA 30012	2			500.	0				
	Enter total number of section 501(c)(3) and government organizations	d government or	janizations			,		A .	2.
~ [Enter total number of other organizations							•	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	990) 2008 ו

23-7193629 Schedule I (Form 990) 2008 C/O ALICIA SOSEBEE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE ATTACHED STATEMENT OF STUDENTS RECEIVING GRANTS FOR ACADEMIC ACHIEVEMENT	40	51,500.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	lne 2, and any other	additional information.	
		!			

Schedule I (Form 990) 2008

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832102 12-18-08

STATEMENT 1

CASH GRANTS AND ALLOCATIONS SEPTEMBER 30, 2009

DONEE'S NAME	DONEE'S <u>RELATIONSHIP</u>	AMOUNT
Benjamin Bingham	None	\$ 1,000
Benjamin E Mays Acad **	None	500
Brandon Mair	110110	1,000
Brandon T. Stanley	None	1,000
Brett Dutro	None	1,000
Cameron Kaminsky	None	1,000
Charles Gibson	None	1,600
Christopher Crook	None	1,000
Christopher Johnson	None	1,600
Clayton R. Smith	None	1,000
David G. Wilkes	None	1,000
David Henner	None	1,000
Jacob Tzegaegbe	None	1,000
James McNash	None	1,000
Jessica Zboran	None	1,500
Joshua Waddell	None	2,000
Julie Champion	None	1,000
Kathryn Trube	None	1,500
Marcel Lawson	None	1,000
Matthew Asay	None	5,000
Matthew J. Pavlovich	None	1,000
Megan Harris	None	1,500
Andrew Derussy	None	1,000
Ashley Babcock	None	1,000
Assaf Newmark	None	1,500
Aury Pitts	None	1,000
Meredith A. Swegan	None	1,500
Michael Harris	None	1,000
Philip Hatcher	None	1,700
Phillippe Lacasse	None	1,000
Richard Dempsey	None	1,000
Rockdale Magnet School ¥	None	500
Samantha Rooks	None	1,500
Sara Mariet Gallina	None	1,000
Sherrie Hall	None	1,500
Sukjoon Yoo	None	1,000
Sunny Shah	None	1,000
Tiffany Nicholas	None	1,500
Zachary Reinhardt	None	1,600
Zachary Rutz	None	1,000
Zachery Smith	None	1,000
Zack Spratling	None	1,000
TOTAL		\$ 52,500
LESS: Amounts reported on Part II, Schedule I, Form 990 💥		(1,000)
Amount to Part III, Schedule I, Form 990		51,500

SCHEDULÈ O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

GEORGIA ENGINEERING FOUNDATION, INC. Name of the organization C/O ALICIA SOSEBEE

Employer identification number 23-7193629

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS THE GOVERNING BOARD ARE
APPOINTED BY THE CONSTITUENT MEMBER ORGANIZATIONS, WHO IN TURN ELECT
OFFICERS OF THE FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS OF THE FOUNDATION RATIFY
ANY CHANGES OR REVISIONS TO THE GOVERNING BY-LAWS.
FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PROVIDED TO THE
ORGANIZATION WITH SUFFICIENT TIME FOR THE SIGNING OFFICER TO REVIEW AND
DISCUSS ANY ITEMS IN QUESTION WITH THE RETURN PREPARERS.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

_	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	► X				
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Form 8868.				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
A cor Part I	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com only	plete				
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax retums.	extension of time				
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file and click on e-file for Chanties & Nonprofits	cally if (1) you want the additional asolidated Form 990-T. Instead,				
Type	, =	Employer identification number				
print	GEORGIA ENGINEERING FOUNDATION, INC.					
File by	C/O ALICIA SOSEBEE	23-7193629				
due da filing ye	ng your turn See 233 PEACHTREE STREET NE, NO. 700					
Crty, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303						
Chec	k type of return to be filed (file a separate application for each return):					
Form 990 Form 990-T (corporation) Form 4720						
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227						
Form 990-EZ Form 990-T (trust other than above) Form 6069						
	Form 990-PF	70				
Te • If t • If t	JAMES CROWDER, TREASURER le books are in the care of ▶ 233 PEACHTREE STREET NE, STE 700 - ATLA lephone No. ▶ 404-521-2324 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this				
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- MAY 15, 2010 , to file the exempt organization return for the organization named a					
	is for the organization's return for:	SOVO. THE EXTENSION				
	► □ calendar year or					
	► X tax year beginning OCT 1, 2008 , and ending SEP 30, 2009	·				
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
3а	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$				
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
	tax payments made Include any prior year overpayment allowed as a credit	3b \$				
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	1				
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ N/A				
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form					

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