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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

FLORIDA ENGINEERING FOUNDATION, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 750

City or town, state or country, and ZIP + 4

TALLAHASSEE, FL 32302

D Employer identification number

59-2741883

E Telephone number

(850) 224-7121

F Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.FLENG.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 177,522.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	122,655.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	15,299.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	39,568.
	b	Less: direct expenses other than fundraising expenses	6b	12,010.
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	27,558.
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe) ▶	8	
	9	Total revenue. Add lines 1, 2, 4, 5c, 6c, 7c, and 8	9	165,512.
	Net Assets	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	10,608.
14		Occupancy, rent, utilities, and maintenance	14	500.
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe) ▶ SEE STATEMENT 1	16	35,377.
17		Total expenses. Add lines 10 through 16	17	142,720.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,792.
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	483,946.
20		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<14,165.>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	492,573.	

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	412,133.	441,817.
23 Land and buildings		
24 Other assets (describe) ▶ SEE STATEMENT 2	240,661.	225,332.
25 Total assets	652,794.	667,149.
26 Total liabilities (describe) ▶ SEE STATEMENT 3	168,848.	174,576.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	483,946.	492,573.

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

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. FL		
42a The books are in care of SHAWN STEWART Telephone no. 850-224-7121		
Located at 125 S. GADSDEN STREET, TALLAHASSEE, FL ZIP + 4 32301		
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)?	42b	X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here: Shawn Stewart Signature of officer Date 8-16-2010

Shawn Stewart CFO Type or print name and title

Paid Preparer's Use Only: Preparer's signature Matthew L. Hensard, C.P.A. Date 8/13/10 Check if self-employed ☐ Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4: THOMSON BROCK LUGER & COMPANY EIN
3375-G CAPITAL CIRCLE, N. E. Phone
TALLAHASSEE, FLORIDA 32308 no. (850) 385-7444

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

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.)

Section A. Public Support

Calendar 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 include any "unusual grants.")	154,187.	93,963.	174,614.	131,303.	122,655.	676,722.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	154,187.	93,963.	174,614.	131,303.	122,655.	676,722.
5 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)						76,261.
6 Public Support. Subtract line 5 from line 4						600,461.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	154,187.	93,963.	174,614.	131,303.	122,655.	676,722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,234.	9,425.	13,575.	18,104.	15,299.	62,637.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						739,359.
12 Gross receipts from related activities, etc. (see instructions)					12	163,492.
13 First five 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	81.21 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	81.42 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2007. 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 IV 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 ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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 include any "unusual grants.")						
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 are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

FLORIDA ENGINEERING FOUNDATION, INC.

Employer identification number

59-2741883

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
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- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

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

- 2 a** 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name 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			
Total						

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ANNUAL DINNER & SIL (event type)	ANNUAL GOLF TOURNAMENT (event type)	NONE 0 (total number)	
Revenue	1 Gross receipts	15,170.	4,600.		19,770.
	2 Less: Charitable contributions	0.	0.		
	3 Gross revenue (line 1 minus line 2)	15,170.	4,600.		19,770.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	1,303.	2,401.		3,704.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(3,704.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				16,066.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue			19,788.	19,788.
	2 Cash prizes			8,306.	8,306.
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100.00 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(8,306.)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				11,482.

- 9 Enter the state(s) in which the organization operates gaming activities FL
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain. **
GAMING ACTIVITIES FOR THE FOUNDATION CONSISTS OF A RAFFLE AND POKER TOURNAMENT CARRIED ON AT THE ANNUAL CONFERENCE
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain
- 11 Does the organization operate gaming activities with nonmembers?
- 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
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**b** An outside facility

13a	%
13b	100.00 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ► SHAWN STEWARTAddress ► P.O. BOX 750 - TALLAHASSEE, FL 32302**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**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

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?**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 ► \$ _____

	Yes	No
13b		
15a		X
17a		X

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SPONSORSHIP AWARDS		24,500.	
CHAPTER EXPENSES		8,880.	
TAXES AND LICENSES		186.	
BANK CHARGES		116.	
MISCELLANEOUS EXPENSES		1,695.	
TOTAL TO FORM 990-EZ, LINE 16		35,377.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
AMOUNT DUE FROM FES	4,425.	2,150.	
MARKETABLE SECURITIES	236,236.	223,182.	
TOTAL TO FORM 990-EZ, LINE 24	240,661.	225,332.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
AMOUNTS HELD ON BEHALF OF LOCAL CHAPTERS	168,848.	174,576.	
TOTAL TO FORM 990-EZ, LINE 26	168,848.	174,576.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<14,165.>	
TOTAL TO FORM 990-EZ, LINE 20		<14,165.>	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
MATHCOUNTS COMPETITION STATEWIDE COMPETITIONS	NONE	39,135.
SCHOLARSHIP GRANTS FLORIDA STUDENTS	NONE	33,000.
PROGRAM SUPPORT GLAZER'S CHILDREN MUSEUM	NONE	24,100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>96,235.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DONALD L. GODDEAU, P.E., 2115 CHAGALL CIRCLE, WEST PALM BEAC, FL	CHAIR 1.00	0.	0.	0.
JOHN HALL, P.E., 329 PALERMO AVENUE, CORAL GABLES, FL 33134	VICE-CHAIR 1.00	0.	0.	0.
RICHARD B. GASSET, P.E., 283 GREENWOOD AVENUE, ORMOND BEACH, FL	TRUSTEE 1.00	0.	0.	0.
DANA INGRAM GILLETTE, P.S.M., P.E., 17069 GULF PINE CIRCLE, WELLINGTON,	TRUSTEE 1.00	0.	0.	0.
JEFFREY M. AVERY, P.E., 10748 DEERWOOD PARK BLVD S, JACKSONVILLE,	TREASURER 1.00	0.	0.	0.
JOHN C. ATZ, P.E. 6139 WOODCREEK CT., JUPITER, FL 33458	TRUSTEE 1.00	0.	0.	0.
STEVEN C. BASSETT, P.E., 7351 PLANTATION RD, PLANTATION, FL	TRUSTEE 1.00	0.	0.	0.
T. GARDNER BAYLESS, III, P.E., 491 79TH AVE NE, ST. PETERSBURG, FL	TRUSTEE 1.00	0.	0.	0.
ANDREW M. CUMMINGS, P.E., 10060 SKINNER LAKE DRIVE, #500,	TRUSTEE 1.00	0.	0.	0.
D. EDWARD DAVIS, P.E., 225 E. ROBINSON, #505, ORLANDO, FL	TRUSTEE 1.00	0.	0.	0.
KIMBERLEE B. DEBOSIER, P.E., 110 N 11 ST. 1ST FLOOR, TAMPA, FL	TRUSTEE 1.00	0.	0.	0.
FERMIN A. DIAZ, P.E., 3200 BAILEY LANE #200, NAPLES, FL 34105-8507	TRUSTEE 1.00	0.	0.	0.
DONALD W. DITZENBERGER, P.E., 3701 COLONY COVE TRAIL, JACKSONVILLE, FL	TRUSTEE 1.00	0.	0.	0.
ANGELINA GOU FAIRCHILD, P.E., 4431 EMBARCADERO DRIVE, WEST PALM BEAC,	TRUSTEE 1.00	0.	0.	0.

FLORIDA ENGINEERING FOUNDATION, INC.

59-2741883

GLENN E. FORREST, P.E., 3735 CAPETOWN DRIVE, ORLANDO, FL	SECRETARY 1.00	0.	0.	0.
DONNA FRIIS, P.E. 3031 HOLLAND DRIVE, ORLANDO, FL 32825	TRUSTEE 1.00	0.	0.	0.
TERRANCE N. GLUNT, P.E., 21301 POWERLINE RD #311, BOCA RATON, FL	TRUSTEE 1.00	0.	0.	0.
BRET HAMMELL, P.E., 2200 N FL ORIDA MANGO RD #101, WEST PALM BEAC, FL	TRUSTEE 1.00	0.	0.	0.
ROBERT W. HIGGINS, P.E., 4623 FOREST HILL BLVD., #113, WEST PALM BEAC, FL	TRUSTEE 1.00	0.	0.	0.
JIM HORTON, P.E., 1127 RIVIERA STREET, JACKSONVILLE, FL 32207	TRUSTEE 1.00	0.	0.	0.
JAMES A. HORTON, P.E., 3901 CARMICHAEL AVE, JACKSONVILLE, FL	TRUSTEE 1.00	0.	0.	0.
SCOTT JOHNSON, P.E., 8515 BAYMEADOWS WAY #401, JACKSONVILLE, FL 32256	TRUSTEE 1.00	0.	0.	0.
GEORGE R. KNECHT, P.E., 2825 SPANISH COVE TRAIL, JACKSONVILLE, FL	TRUSTEE 1.00	0.	0.	0.
RAYMOND W. MILLER, P.E., 313 TURTLE HATCH RD., NAPLES, FL 34103	TRUSTEE 1.00	0.	0.	0.
MARK L. MONGEAU, P.E., P.O. BOX 593003, ORLANDO, FL 32859-3003	TRUSTEE 1.00	0.	0.	0.
LAKSHMI N. REDDI, P.E. BOX 162450, ORLANDO , FL 32816	TRUSTEE 1.00	0.	0.	0.
DANIELLE PITT SLATERPRYCE, P.E., 1759 S FERDON BLVD, CRESTVIEW, FL	TRUSTEE 1.00	0.	0.	0.
FRANK H. WILSON, P.E., 3970 HENDRICKS BLVD, JACKSONVILLE, FL	TRUSTEE 1.00	0.	0.	0.
SHAWN STEWART, C.P.A., 125 S. GADSDEN STREET, TALLAHASSEE, FL	CHEIF FINANCIAL OFFICER 5.00	0.	0.	0.
JOHN T. DAVIS, P.E., 2960 COUNTRY CLUB BLVD., ORANGE PARK, FL 32073	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 8

TO PROMOTE THE ENGINEERING PROFESSION BY SUPPORTING EDUCATIONAL PROGAMS IN
ENGINEERING AND PROVIDING SCHOLARSHIPS TO ENGINEERING STUDENTS

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	9
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DESCRIPTION

GRANTS

EXPENSES

SUPPORTED OTHER STUDENT COMPETITIONS FOR BRIDGE,
ROBOTIC, REGIONAL FAIRS & FUTURE CITY PLANNING
DESIGNS

0. 33,380.

TOTAL TO FORM 990-EZ, LINE 31

33,380.

GENERAL EXPLANATION OVERFLOW

General Explanation Attachment

Name of the organization

FLORIDA ENGINEERING FOUNDATION, INC.

Employer identification number

59-2741883

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

GAMING ACTIVITIES FOR THE FOUNDATION CONSISTS OF A RAFFLE

AND POKER TOURNAMENT CARRIED ON AT THE ANNUAL CONFERENCE

FOR ITS SOCIETY MEMBERS ONLY TO RAISE FUNDS FOR THE FOUNDATION.

LICENSURE IS NOT REQUIRED AS IT IS LIMITED TO ITS MEMBERS AND NOT TO

THE GENERAL PUBLIC.

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 1

EXPLANATION

THE FOUNDATION RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME IN ORDER THAT ITS CPA FIRM CAN COMPLETE THE AUDITED FINANCIAL STATEMENT ENGAGEMENT FOR THE YEAR ENDED SEPTEMBER 30, 2009 AND PREPARE A COMPLETE AND ACCURATE INFORMATIONAL RETURN.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	FLORIDA ENGINEERING FOUNDATION, INC.	59-2741883
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 750	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32302	

Check 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 | ☐ Form 1041-A | ☐ Form 8870 |

SHAWN STEWART

- The books are in the care of ► **125 S. GADSDEN STREET - TALLAHASSEE, FL 32301**

Telephone No ► **850-224-7121**

FAX No. ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year _____ or

► ☒ 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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
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	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

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

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

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	FLORIDA ENGINEERING FOUNDATION, INC.	59-2741883
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P.O. BOX 750	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	TALLAHASSEE, FL 32302	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SHAWN STEWART

- The books are in the care of ☒ **125 S. GADSDEN STREET - TALLAHASSEE, FL 32301**

Telephone No. **850-224-7121**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2010**
 5 For calendar year ☐, or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension **SEE STATEMENT 1**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Matthew P. Hensard** Title **C.P.A.**

Date **5/13/10**

Form 8868 (Rev. 4-2009)