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990-EZ

Short 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

OMB No 1545-1150

Department of the Treasury

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2009 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Please use IRS X Address change PUGET SOUND ENGINEERING AND SCIENCE label or Name change SCHOLARSHIP FUND 91-2048970 print or type Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Termin ated Specific 360-647-9715 1174 SUDDEN VALLEY Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption 98229 BELLINGHAM, WA Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ PSESSF.ORG H Check ► 1 ____ if the organization is **not** Tax-exempt status (check only one) - LX = 501(c) (3) (insert no.) L = 4947(a)(1) or L____ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 430,178. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 19,570. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 6,416. Investment income 4 STMT 1 404,192 5a Gross amount from sale of assets other than inventory 5a 509.523. 5b Less: cost or other basis and sales expenses <105,331.> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue 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 6a reported on line 1) **b** Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 00 7b b Less: cost of goods sold N Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe <79,345. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 CANNED STMT 3 30,500 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 4,178. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 179. 15 15 Printing, publications, postage, and shipping 20. 16 Other expenses (describe ANNUAL LICENSING FEES 16 3**4**,87<u>7.</u> 17 17 Total expenses. Add lines 10 through 16 <114,222.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 334,580. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation)
Net assets of fund balances at end of year. Combine lines 18 through 20 SEE STATEMENT 20 105,262. Š 21 325,620. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year JUN 1 5 2010 玆 325,620. 334,580. Cash, savings, and investments 22 23 23 Other assets (bescribe) 24 24 334,580. 325,620. 25 25 Total assets 0. 0. 26 26 Total liabilities (describe 580. 27 325,620. Net assets or fund balances (line 27 of column (B) must agree with line 21)

> Form 990-EZ (2009) -8

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	m 990-EZ (2009) SCHOLARSHIP FUND		<u></u>	91-	2048	970 Page 2
Pa	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		E	xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	<u> 6 </u>		_		for section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pur	poses In a clear and conc	ise manner, descr	ıbe	1	(4) organizations and 47(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	it information for each prog	ram title		for others	
28	SEE STATEMENT 5		<u></u>			
	(Grants \$ 30,500.) If this amount includes foreign of	grants, check here		<u> </u>	28a	
29						
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30						
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
Pi	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
					ntribution	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		mployee	(e) Expense
	(a) Name and address	position	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		pooliion	0.,	I .	pensation	other anomanees
MA	ARTIN BOIVIN	CHAIRMAN	_			†
_	308 65TH AVE NW, KENMORE, WA 98028	0.50	0.		0	. 0.
	COFFREY COMPEAU, 7716 RAVENNA AVE	PRESIDENT		1		
NE		0.50	0.		0	0.
	OHN CALLAHAN	VICE PRESIDEN		 		•
	17 FIRST AVE NW , SEATTLE, WA 98107	=	0.		0	. 0.
	ADE DAMEY, 522 WEST MERCER PL #402,	SECRETARY	0.	┼		•
	EATTLE, WA 98119	0.50	0.		0	0.
	AM KOTERBA, 1174 SUDDEN VALLEY,	TREASURER		 -		•
_	ELLINGHAM, WA 98229	0.50	0.		0	
	OM GAFFNEY		EVELOPMEN		<u> </u>	. 0.
		-	_	ILT.	^	
<u> </u>	02 129TH AVE SE, BELLEVUE, WA 98005	0.50	0.	-	0	. 0.
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Page 3

Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)			
			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? 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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		ļ	
	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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		l	
	complete applicable parts of Sch. N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>) . </u>		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 outstanding at the end of the period covered by this return?	_38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			ŀ
39	Section 501(c)(7) organizations. Enter:			
a		_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
40 a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	:		
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	406		v
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
4	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	-		
u	organization			
۵	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. WA	100		
	The organization's books are in care of ▶ PAM KOTERBA Telephone no. ▶ 360 – 6	47-9	715	
	Located at ▶ 1174 SUDDEN VALLEY, BELLINGHAM, WA ZIP+4 ▶			
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		Yes	No
	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.	·		Į
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:	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
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		<u> </u>
		Form 9	90-EZ	(2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

91-2048970

A anc

46 Did th	he organization engage in direct or indirect political campaign activit	ties on behalf of or in opposition to c	andidates for public		Ye	s No
office	e? If "Yes," complete Schedule C, Part I				46	X
47 Did th	he organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II			47	X
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "	'Yes," complete Schedule E		_	48	X
49a Did th	he organization make any transfers to an exempt non-charitable rela	ated organization?		<u> </u>	49a	X
b If "Ye	es," was the related organization a section 527 organization?			L	49b	
-	plete this table for the organization's five highest compensated emp $\$100,000$ of compensation from the organization. If there is none, ϵ		s, trustees and key er	nployees) who ead	ch receive	d more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex	pense nt and owances
51 Com	I number of other employees paid over \$100,000 inplete this table for the organization's five highest compensated inde	pendent contractors who each recei	ved more than \$100,	.000 of compensa	tion from	*ha
Ui ya	inization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid in	· 	(b) Type of ser) Compen	
orya	NONE	· 				
or ya	NONE	· 				
	NONE	nore than \$100,000				
	NONE (a) Name and address of each independent contractor paid in independent contractor paid in independent contractors each receiving over \$100 Under penalties of perjury, I declare that I have examined this return, include correct, and complete Declaration of preparer (other than officer) is based of Signature of officer.	nore than \$100,000 0,000 ing accompanying schedules and statemer	(b) Type of ser	vice (c)	Compen	sation
d Total Sign Here	NONE (a) Name and address of each independent contractor paid in independent contractor paid in independent contractors each receiving over \$100 Under penalties of perjury, I declare that I have examined this return, includ correct, and complete Declaration of preparer (other than officer) is based correct.	0,000 ing accompanying schedules and statement all information of which preparer has any	(b) Type of ser	y knowledge and beli	of, it is true	sation
d Total	NONE (a) Name and address of each independent contractor paid in number of other independent contractors each receiving over \$100 correct, and complete Declaration of preparer (other than officer) is based correct, and complete Declaration of preparer (other than officer) is based of Signature stofficer. PAM KOTERBA, TREASURER Type or print name and title Preparer's signature ZAREMBA PAXTON P.S.	0,000 Ing accompanying schedules and statement all information of which preparer has any Date 11/2010 Cheem	(b) Type of ser	y knowledge and believed by boarer's identifying nu	of, it is true	sation
d Total Sign Here	NONE (a) Name and address of each independent contractor paid in number of other independent contractors each receiving over \$100 Under penalties of perjury, I declare that I have examined this return, include correct, and complete Declaration of preparer (other than officer) is based of the part of the	Date (1/20/0 Che em	(b) Type of ser	y knowledge and believed by both the state of the state o	ef, it is true	sation
d Total Sign Here Paid Preparer's Use Only	NONE (a) Name and address of each independent contractor paid in number of other independent contractors each receiving over \$100 correct, and complete Declaration of preparer (other than officer) is based correct, and complete Declaration of preparer (other than officer) is based of Signature stofficer. PAM KOTERBA, TREASURER Type or print name and title Preparer's signature ZAREMBA PAXTON P.S.	Date 11/2860 Cheem	(b) Type of ser	y knowledge and belind belind belind by the boarer's identifying number (360)	of, it is true	sation

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

PUGET SOUND ENGINEERING AND SCIENCE SCHOLARSHIP FUND

Employer identification number 91 – 2048970

Da	rt I	Peacon	for Public Cha	rity Status (All					 -		_2010	<u> </u>	
				rity Status (All organi					tructions				
	organi			because it is: (For lines	_		-	•					
1	닏	A church, co	nvention of churche	es, or association of chur	rches desc	inbed in se	ection 170	(b)(1)(A)(i).				
2	닏			70(b)(1)(A)(ii). (Attach So	,								
3	닏			ital service organization									
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ıe,
		city, and stat					-						
5		An organizati	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	d in		
		section 170	(b)(1)(A)(iv). (Comp	lete Part II)									
6		A federal, sta	ite, or local governn	nent or governmental uni	it describe	d ın sectio	n 170(b)(1)(A)(v).					
7	\mathbf{X}	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general p	ublic desc	nbed i	n
			b)(1)(A)(vi). (Comple				_						
8		A community	trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9				ceives: (1) more than 33			rom contr	butions. n	nembersh	ip fees, and	d aross red	ceints	from
				inctions - subject to certa									
				taxable income (less sec									
			509(a)(2). (Complet			,			,			,	.
10				perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(1)				
11				perated exclusively for the		-			-	ry out the r	urnoses c	of one	or
				ations described in secti									.
				organization and compl				-,. 000 30 1	311011 000	u,o, ono		triat	
		a Type I	_		с П Тур	_		tenrated		d 🗌	Type III - (Othor	
е				at the organization is not				_	r more die				_
·				than one or more publicly									"
f										9(a)(1) Of Si	ection 508	/(a)(2).	
•				tten determination from	ine ino ina	atitis a ry	pe i, Type	ii, or Type)				
_			rganization, check t	•				-646-6-11					
g				organization accepted ai									
				directly controls, either at	ione or tog	etner with	persons o	escribed	in (ii) and	(III) below,		Yes	No
		_	- •	supported organization?				•			11g(i)		
				n described in (i) above?		_					11g(ii)	 	
				a person described in (i)							11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
				/!!!) Tune of	 					1			
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) la organizati		(vii) An	nount o	f
	orga	nization		(described on lines 1-9	, , ,	sted in your document?		ion in col.	(i) organiz	zed in the	sup	port	
				above or IRC section			(I) or you	Support	· · · · · · · · · · · ·	5.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
	_												
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'ota	<u> </u>												

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Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

PUGET SOUND ENGINEERING AND SCIENCE

Schedule A (Form 990 or 990-EZ) 2009 SCHOLARSHIP FUND 91-2048970 Page 2

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	d the box on line 5,	, 7, or 8 of Part I)				
Se	ction A. Public Support		·				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants.")	15,500.	12,000.	12,750.	13,870.	<u> 19,570.</u>	73,690.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				İ		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,500.	12,000.	12,750.	13,870.	19,570.	<u>73,690.</u>
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,	1					
	column (f)						
	Public support. Subtract line 5 from line 4						73,690.
	ction B. Total Support	···					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 4	15,500.	12,000.	12,750.	13,870.	19,570.	73,690.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	15 010	22 225	17 400	14 116	C 41 C	EC 000
_	and income from similar sources	15,213.	22,985.	17,499.	14,116.	6,416.	76,229.
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on	-					
10	Other income Do not include gain	İ					
	or loss from the sale of capital						
	assets (Explain in Part IV)						140 010
	Total support. Add lines 7 through 10 [oto /oso motmistia				40	149,919.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	fourth or fifth to	l V voor oo o oostier	12	-
13	organization, check this box and stop		mst, second, trino	i, iourin, or illin ta	x year as a section	1501(0)(3)	▶ [
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2009 (li			nlumn (fl)		14	49.15 %
	Public support percentage from 2008	•	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ŀ	15	%
	33 1/3% support test - 2009. If the or	·	•	line 13, and line 1	ں 4 ıs 33 1/3% or mo		
	stop here. The organization qualifies a	_					►X
b	33 1/3% support test - 2008. If the or		•	e 13 or 16a, and i	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	•		· ·		, _,,_,,	▶ □
17a	10% -facts-and-circumstances test				13, 16a, or 16b. ai	nd line 14 is 10%	or more,
	and if the organization meets the "faci	_					•
	meets the "facts-and-circumstances"				•	2. 3 .	>
b	10% -facts-and-circumstances test	-			•	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		. ▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ai	nd see instruction	s 🕨 🔲
					Sche	dule A (Form 990	or 990-EZ) 2009

scriedule A (Form 990 or 990-EZ) 2009

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0) 2000	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(0) 2000	(6) 2007	(u) 2006	(e) 2009	(1) TOTAL
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 organ- ization'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 through 5		<u> </u>				
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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	ne organization	's first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) orgai	nization,
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2009 (line	e 8, column (f) d	divided by line 13, o	column (f))		15	
16 Public support percentage from 2008 S					16	
Section D. Computation of Invest						
17 Investment income percentage for 2009			ne 13, column (f))		17	· · · · · · · · · · · · · · · · · · ·
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2009. If the or						17 is not
more than 33 1/3%, check this box and				_		▶□
b 33 1/3% support tests - 2008. If the or						
line 18 is not more than 33 1/3%, check 20 Private foundation. If the organization						n ▶ <u> </u>
20 Private foundation. If the organization						

FORM 990-EZ GA	AIN	(LOSS) F	ROM PUI	BLICLY TRA	DED S	ECURITIES	STATEMENT	1
DESCRIPTION		GRO SALES		COST OTHER B	_	EXPENSE OF SALE	NET GAIN OR (LOSS))
SALE OF SECURITIES	S	40	4,192.	509	,523.	0.	<105,33	31.>
TO FORM 990-EZ, L	INE !	5 40	4,192.	509	,523.	0.	<105,33	 31.>
FORM 990-EZ OT	HER (CHANGES	IN NET	ASSETS OR	FUND	BALANCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED GAINS	(LOS	SES) ON	SECURI'	ries		•	105,26	52.
TOTAL TO FORM 990	-EZ,	LINE 20)			•	105,26	52.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CASH SCHOLARSHIPS	NONE	30,500
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		30,500

Program Service Accomplishments Form 990EZ - 2009

Puget Sound Engineering & Science Scholarship Fund EIN: 91-2048970

Awardee								DATE OF
Number	Last Name	First Name	Address	City	State	Zip	AMOUNT	AWARD
~	Gross	Kathryn	2905 130th Place	Everett	WA	98208	\$2,500.00	90-unf
2	Tokuno	Deven Lynne	17060 47th Place S.E	Bellevue	WA	98006	\$2,000.00	Jun-09
က	Trepman	Paula	4316 Forest Avenue S.E.	Mercer Island	WA	98040	\$2,000.00	90-unf
4	Dean	Natalie	13223 69th Avenue N.E.	Kirkland	WA	98034	\$2,000.00	90-unf
5	Randall	James	7726 73rd Place N.E.	Marysville	WA	98207	\$2,000.00	90-unf
9	Brito	Rahul	4636 141st CT S.E.	Bellevue	WA	98006	\$3,000.00	90-unf
7	Huschka	Breanna	721 90th Place S.E.	Everett	WA	98208	\$3,000.00	90-unf
8	Hough	Maya	4645 Gravel Way	Clinton	WA	98236	\$3,000.00	90-unf
6	Frazier	J. Matthew	5294 NE See Forever Lane	Poulsbo	WA	98370	\$3,000.00	Jun-09
10	Bard	Amanda	PO Box 1231	Issaquah	WA	98027	\$3,000.00	90-unf
11	Zemplenyi	Michele	6188 92nd Avenue S.E.	Mercer Island	WA	98040	\$3,000.00	Jun-09
12	Hellend	Sarah	12980 Gopher Hill Place SE	Olalla	WA	98359	\$2,000.00	Nov-09

Puget Sound Engineering & Science Scholarship Fund

TOTAL \$30,500.00

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STAT	EMEN	ſΤ	4
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YE	S (X	:] 1	NO
•	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YE	s (x	[]]	NO

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STATEMENT

PUGET SOUND ENGINEERING AND SCIENCE SCHOLARSHIP FUND DISTRIBUTED EDUCATIONAL SCHOLARSHIPS TO RECIPIENTS IN AMOUNTS FROM \$500 TO \$3,000 EACH, TOTALING \$30,500. (SEE ATTACHED SCHEDULE)

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STATEMENT

THE ORGANIZATION MAKES SCHOLARSHIP GRANTS TO ENCOURAGE AND PROMOTE THE STUDY OF SCIENCE, MATHEMATICS, AND ENGINEERING.