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· 990-EZ

Short Form Return of Organization Exempt From Income Tax

92-0163845

2009

OMB No 1545-1150

Open to Public Inspection

> , 20 10

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 \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury Internal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending March 31 April 1 C Name of organization D Employer Identification number B Check if applicable use IRS Address change Alaska Engineering Education Foundation

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~	-		Less: cost																		_5b					4723	ļ			
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SEP	إع	6	Special event	ts and act	ictiv	tıvıt	ies (c	comp	plete	e app	olicat	ole pa	arts (of Sc	nedul	₃ G).	If an	уал	ount	is fro	om ga	ming	, che	ck he	ere 🕨		1			
	Revenue	а	Gross reve	enue (no	not	ot i	inclu	udir	ng \$	\$_						of	соп	tnb	utio	กร										
	2		reported o	n line 1	1)	l) .				-											68	丄				0	1			
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	-	8	Other reve																	٦C))	8			
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	Expenses	14	Occupano																								14			
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	i	17	Total exp														•				•					. ▶	17			38,402
-		18	Excess or																		<u> </u>						18			452
	sets	19	Net assets																											
	3		end-of-yea								_		-	-	-									_			19			159,934
	Net As	20	Other cha	-							-																20			17,524
	ž	21	Net assets																				Ī	Ī	•	. •	21			177,910
1	Pa	art li	Balanc																			r mo	re.	file F	Fon	m 990		ad o	f Form 9	
•															t II.)								Ť			nning o		Γ	(B) End	
	22	Ca	sh, savings	s, and in	inv		•																ı	<u>_</u>		15	9,934	22		177,910
	23		nd and buil																				Ī					23		(
	24		ner assets				▶ .	-												·		•	, t			15	9,934			177,910
				,																			' F					_		

25 25 Total assets . 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 177,910 159,934 27

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

Cat. No. 106421

Form 990-EZ (2009)

Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	.)		Expenses
Wha	is the organization's primary exempt purpose?	Support of Alaska Mathcour	its program; engr s	cholarships.		ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear an	d concise)(3) and 501(c)(4) zations and section
manı	er, describe the services provided, the number of	of persons benefited, and c	ther relevant infor	mation for		a)(1) trusts; optional
each	program title.	-			for ot	
28	Raised funds and coordinated local and statewide M	lathcounts competition. Obje	ctive is to			
20	encourage mathematics excellence in middle schoo					
	encourage mathematics excentence in middle school	zjr. nign school stadents.				
						07 507
		includes foreign grants, che			28a	27,587
29	issued scholarships for college level students in en			larships		!
	paid in Fiscal Year 2009 to students. Objective Is	to encourage young people t	o pursue a degree			
	in engineering.					
	(Grants \$ -0-) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	9,250
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	30a	0
24			301(11010		-	<u></u>
JI		includes foreign grants, che	ock here	. ▶ □	31a	0
20	(Grants \$) If this amount Total program service expenses (add lines 28a				32	36,837
Par	List of Officers, Directors, Trustees, and Re	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0)	deferred comper	sation	other allowances
Patr	ck Coullahan	Board President, <1				
3463	Checkmate Dr, Anchorage, AK 99824	300.00.00.00.00.00.00.00.00.00.00.00.00.	-0-		-0-	
Ang	la Smith	Board Vice President, <1				
4041	B Street, Anchorage, AK 99503	Board Vice President, <1	-0-		-0-	-0-
Katio	Swenson					
1904	8 War Admiral Rd, Eagle River, AK 99577	Board Secretary, <1	-0-		-0-	4-
	Latreille		., ,			
	Lois Drive #513, Anchorage, AK 99507	Board Treasurer, <1	-0-		-0-	-0-
		 			<u>_</u>	<u></u>
	cia T. Crisenbery	Executive Director, 2	-0-		-0-	-0-
	Box 83881, Fairbanks, AK 99708					
	Fristoe	Director, <1				•
	ancaster Drive, Fairbanks, AK 99712		-0-		-0-	-0-
	Brown	Director, <1				_
951	Bogard Rd, #1, Wasilla, AK 99687		-0-		-0-	4-
Mau	een Hansen	Director, <1				
4915	Wren Drive, Juneau, AK 99801	Director, 41	-0-		-0-	-0-
Deb	orah Allen	Diseases <4				
9641	Grover Dr, Anchorage, AK 99507	Director, <1	-0-		-0-	-0-
Davi	d Lanning					
	Box 470, Fairbanks, AK 99725	Director, <1	-0-		-0-	-0-
	ces Isgrigg					
	Third Avenue, Fairbanks, AK 99701	Director, <1	-0-		-0-	-0-
	Eriksen	 · <u>. · .</u> · . · . · . · . · . · . · . · . ·	•			
	Tonsgard Court, Juneau, AK 99801	Director, <1	-0-		-0-	-0-
300	Tonsgard Codit, Juneau, AN 93001	 				
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						(2000)

Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			-
b	Did the organization file Form 1120-POL for this year?	37b		✓
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 outstanding at the end of the period covered by this return?	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1		
39	Section 501(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on line 9	1		
40a	Gross receipts, included on line 9, for public use of club facilities	† ;		
40a	section 4911 ▶; section 4912 ▶; section 4955 ▶			
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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization o books are in early in the state of the	907 56 995)
	Located at ► 1475 Essex Circle, Anchorage, AK ZIP + 4 ►	99:		
þ	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	163	7
	If "Yes," enter the name of the foreign country: ▶	720		
	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		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
44	Form 990-EZ	44		1

cand 47 Did t 48 Is the 49a Did t	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 at the organization engage in direct or indirect.	section 4047(a)(1) non				
cand 47 Did t 48 Is the 49a Did t		447(a)(1) nonexempt chaind 51.	nexempt charital aritable trusts mu	ole trusts only. A st answer question	II sectio ons 46–4	n 9b
47 Did t 48 Is the 49a Did t				r in opposition to	Ye	s No
48 Is the 49a Did t	lidates for public office? If "Yes," complete	Schedule C, Part I			46	✓
49a Did t	he organization engage in lobbying activition				47	1
	e organization a school as described in secti				48	1
	he organization make any transfers to an e	-	=		49a	
	es," was the related organization a section plete this table for the organization's five h				trustees	and ke
	loyees) who each received more than \$100					
<u>.</u>	· · · · · · · · · · · · · · · · · · ·	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp	ense
(a) Na	ame and address of each employee paid more than \$100,000	hours per week devoted to position	1	employee benefit plans & deferred compensation	accour other allo	
None						
	<u></u>				ļ	
				-		
					}	
					 	
					1	
f Total	I number of other employees paid over \$10	0,000				
	(a) Name and address of each independent contractor	or paid more than \$100,000	(b) Ty	/pe of service	(c) Compe	nsation
None						
·						
		each receiving over \$100.	,000			
d Tota	I number of other independent contractors	,				
d Tota	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	aned this return, including accomp	nanving schedules and st	atements, and to the be on of which preparer has	st of my kno any knowle	wledge dge.
d Tota Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	aned this return, including accomp	nanving schedules and st	atements, and to the been of which preparer has	st of my kno any knowle	wledge dge.
Sign	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	aned this return, including accomp	nanving schedules and st	atements, and to the been of which preparer has	st of my kno any knowle	wledge dge.
Sign	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration of the Signature of officer Stephen D. Shrader, Executive Director	aned this return, including accomp	nanving schedules and st	atements, and to the been of which preparer has	st of my kno any knowle	wledge dge.
Sign Here	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer Stephen D. Shrader, Executive Director Type or point name and title	aned this return, including accomp	eanying schedules and si is based on all information	atements, and to the been of which preparer has E/Z9/Z0/C Date Preparer's identifying nu	O	age.
Sign Here Paid	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration of the Signature of officer Stephen D. Shrader, Executive Director	ined this return, including accomp on of preparer (other than officer) is	panying schedules and si is based on all informatio	E/Z9/Z016 Date	O	age.
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer Stephen D. Shrader, Executive Director Type or print name and title Preparer's signature Firm's name (or	ined this return, including accomp on of preparer (other than officer) is	eanying schedules and si is based on all information Check if self- employed ▶	E/Z9/Z016 Date	O	age.
Sign Here Paid	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer Stephen D. Shrader, Executive Director Type or print name and title Preparer's signature	ined this return, including accomp on of preparer (other than officer) is	eanying schedules and sist based on all information Check if self- employed ▶ □	Date Preparer's identifying nu	O	age.

SCHEDULE A . (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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name	of t	he organization						-	Employe	r identifica	tion number
Ala	ska		Education Four						92		163845
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)	
1				rches, or association							
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	tach Scho	edule E.)					
3		A hospital of	r a cooperative h	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical re	search organiza	tion operated in conj	unction v	with a ho	spital de	scribed in	section	170(b)(1)(A)(iii). Enter the
		hospital's na	ime, city, and st	ate:							
5			tion operated for (b)(1)(A)(iv). (Cor	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	perated	by a gov	emmenta	l unit described in
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(t)(1)(A)(v).	
7		•	•	receives a substantia 1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	ental uni	t or from	the general public
8		A communit	y trust described	in section 170(b)(1)	(A)(vi). (C	complete	Part II.)				
9	\checkmark	An organizat	ion that normally	receives: (1) more that	an 33½ %	of its su	pport fro	m contrib	utions, m	nembershi	ip fees, and gross
		support from	n gross investm	ed to its exempt funct ent income and unre after June 30, 1975.	lated bus	siness ta	xable inc	ome (les	s section		
40	П		•			-		=	· ·	(~\(A\	
10	\exists	_	-	nd operated exclusive							r to come out the
11	ш			nd operated exclusivolicly supported organ							
				it describes the type							
		a 🗌 Type				e III–Fun					Type III-Other
e				ify that the organizat			•	_			
Ū	_			n managers and othe							
		-	section 509(a)(2)	_				•	·		
f		If the organi	ization received	a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting
		_	, check this box								🗀
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	ny of the	:	
		following pe	rsons?								
			•	r indirectly controls, ϵ		_		th person	s descrit	oed in (ii)	Yes No
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
				of a person described		(ii) above	?				11g(iii)
<u>h</u>		Provide the	following informa	ation about the suppo	orted org	anization	(s).				
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount of support
	Org	janization		above or IRC section		document?		nization in of your		ion in col zed in the	зарроп
				(see instructions))	ļ. <u> </u>			port?		S.?	
					Yes	No	Yes	No	Yes	No	
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Tota	, i										

44.

Par	tule A (Form 990 or 990-EZ) 2009 Support Schedule for Org					and 1	70(b)(1	Page I)(A)(vi)
Sec	(Complete only if you chec tion A. Public Support	ked the box	on line 5, 7,	or 8 of Part I.	.)			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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 through 3		ļ/	 -				
5 6	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) Public support. Subtract line 5 from line 4.				~			
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 .		<u> </u>					
12	Gross receipts from related activities, etc	•	•			12	 	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	_		a section	on 501(c)(3)
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2009 (line		•	1, column (f))		14		%
15	Public support percentage from 2008 Sci					15		%
l6a	33% % support test—2009. If the organi					6 or mo	re, che	ck this box
	and stop here. The organization qualifies							
b	33% % support test—2008. If the organization qua							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances"	09. If the orgar	nization did not omstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, an Explain	d line 1	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta Private foundation. If the organization did	. If the organiza acts-and-circun inces" test. The	ntion did not che nstances" test, o organization qui	ck a box on line check this box a alifies as a public	13, 16a, 16b, or and stop here . bly supported or	17a, ar Explain ganizatio	nd line 1 in Part on	5 is 10% or IV how the

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 (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total grants, contributions, membership fees received. (Do not include 23,098 55,875 41.995 52,604 40.070 213.642 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 0 0 0 0 0 organization's tax-exempt purpose. Gross receipts from activities that are not an 0 0 0 0 0 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the 0 0 0 ٥ organization without charge 41,995 52,604 40,070 23,098 55,875 213,642 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 0 0 0 0 0 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 0 0 0 0 0 amount on line 13 for the year . . . 0 0 0 0 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from 213,642 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 23,098 55,875 41,995 52,604 40,070 213,642 Amounts from line 6 . . Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 200 2585 4671 7437 3699 18,592 Unrelated business taxable income (less section 511 taxes) from businesses n n Ω O O acquired after June 30, 1975 2585 4671 7437 3699 200 18,592 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 0 0 0 0 0 0

carried on

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

Total support. (Add lines 9, 10c, 11, 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)

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	organization, check this box and stop here		· · ·	· · ·		
Sec	ction C. Computation of Public Support Percentage					
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		9)2 °	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16		ç	92 9	%
Sec	ction D. Computation of Investment Income Percentage					
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17			8 (%
••	integration in the state of the	40			0 (~

- 18 Investment income percentage from 2008 Schedule A, Part III, line 17
- 19a 33% % support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization >
 - 331/4 % support tests 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/6 %, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌

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232,234

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Part IV	Orm 990 or 990-EZ) 2009 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part III, Liı	ne 12 Re-allocation of investments resulted in a net loss for Fiscal Year 2009 of \$1416, as shown
on Form 9	90-EZ, Line 5c.

Aloska Engineering Education Foundation BIN 92-0163845	12 5 S. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	:1		22 000
son Fau	Ling 5b	Cost Basis		010 40
RISSEZ CHSINGOTHS EIN 92-0163845	Line 50	Gross Proceeds Cost Basis		70.440
Ψ.Ψ		Sold		000000
Capital Gains - 2010	4/1/2009 through 3/31/2010	Bought		000001111
Capital G	4/1/2009 thro	Shares		0000
1-02m JJO-Et, Part L, Lines 50,015 2009		Security		
30-Et, 18		Account	SHORT TERM	
FORM 9 2009	903400	01021120	SHO	ן נ

	Alliance Bernstein Internation	33.957	5/27/2008	4/17/2009	341.95	675.45	-333.50
Endowment	Alliance Bernstein Internation	10.992	6/2/2008	4/17/2009	110.69	218.65	-107.98
Endowment	JP Morgan Emerging Markets	3.857	5/27/2008	4/17/2009	52.92	84.21	-31.29
Endowment	JP Morgan Emerging Markets	0.745	5/27/2008	4/17/2009	10.22	16.27	-6.05
Endowment	Legg Mason Partners Funda	11.394	5/27/2008	4/17/2009	104.03	162.46	-58.43
Endowment	Legg Mason Partners Funda	23.653	5/27/2008	4/17/2009	215.95	337.25	-121.30
Endowment	Legg Mason Partners Funda	27.287	5/27/2008	4/17/2009	249.13	389.07	-139.94
Endowment	T Rowe Price International B	2.341	6/2/2008	4/17/2009	20.39	24.04	-3 65
Endowment	Western Asset Core Plus	6.496	6/2/2008	4/17/2009	56.19	63.49	-7.30
TOTAL SHORT TERM					1,161.47	1,970.89	-809.42
LONG TEKM				;			
Endowment	Alliance Bernstein Internation	24.542	6/2/2008	8/21/2009	322.24	488.18	-165.94
Endowment	Alliance Bernstein Internation	17.133	6/2/2008	8/21/2009	224.96	340.80	-115.84
Endowment	Harbor Capital Appreciation	22.575	5/27/2008	8/21/2009	654.68	786 91	-132.23
Endowment	Harbor Capital Appreciation	6.481	5/27/2008	8/21/2009	187.95	225.91	-37.98
Endowment	Harbor Capital Appreciation	22.127	5/27/2008	8/21/2009	641.68	771.30	-129.62
Endowment	Harbor Capital Appreciation	1.491	5/27/2008	8/21/2009	43.24	51.97	-8.73
Endowment	Harbor Capital Appreciation	1.570	5/27/2008	8/21/2009	45.53	54.73	-9.20
Endowment	Legg Mason Partners Funda	2.290	5/27/2008	8/21/2009	25.74	32.65	-6.91
TOTAL LONG TERM					2,146.02	2,752.45	-606.43
OVERALL TOTAL					3,307.49	4,723.34	-1,415.85
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FORM 990 EZ 2009

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

SCHEDULE - PART 1 LINE 10

SCHOLARSHIPS PAID IN FISC	AL YEAR 4/01/2009-3/	/31/2010
Paid To	Awardee	Amount Paid
Purdue University	Brent Woodhouse	\$1000
Massachusetts Inst Technology	Elizibeth Philips	2000
Harvey Mudd College	Isabel Bush	1500
Dartmouth College	Trevor Scott	1000
University of Alaska Anchorage	Melinda Parson	750
University of Alaska Fairbanks	Jerrod Williams	1000
University of Alaska Fairbanks	Justin Cannon	\$1000
Washington State University	Summer Holt	1000
ТОТА	L AMOUNT PAID	\$9,250

FORM 990 EZ 2009

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

PART 1 LINE 16

OTHER EXPENSES	
Expense	Amount
MATHCOUNTS Program Expenses	\$27,587
Juneau Lego League Expenses	498
Director Travel	278
Brokerage Fees	400
Post Office Box Rental	-
Fidelity Bond	\$300
Office Supplies	89
TOTAL EXPENSE	\$29,152

FORM 990 EZ 2009

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

SCHEDULE - PART 1 LINE 20

0	NET ASSETS AT BEGINNING OF YEAR	\$159,934
(<u>3</u>)	TOTAL REVENUE FOR 2008 TOTAL EXPENSES FOR 2008	38,854 38,402
2	NET ASSETS AT END OF YEAR	\$177,910
(5)	UNREALIZED GAIN (LOSSES) ON INVESTMENTS	\$17,524