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# SCANNED MAY 3 1 2011

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

OMB No 1545-0047

2009

|              |                  | he Treasi<br>ie Service                |                                   | <b>▶</b> T | The       | ora        | aniza     | ation         | mav      | / hav  | ve to   | use          | ac               | opv      | of th       | is re    | turn          | to sa  | atisf     | fy st            | tate | repo            | rtınc    | ј геа       | uırer        | ment     | s           | In        | specti       | on          |
|--------------|------------------|--|-----------------------------------|------------|-----------|------------|-----------|---------------|----------|--------|---------|--------------|------------------|----------|-------------|----------|---------------|--|-----------|------------------|------|-----------------|----------|-------------|--------------|----------|-------------|-----------|--------------|-------------|
|              |                  |  | calendar                          |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      | d en            |          |             |              |          |             |           | , 20         | 10          |
| B Che        | ck if<br>licable |  | Please                            | Tc         |           |            |           |               |          |        |         |              |                  |          | fo          | r        | En            | gin  |           |                  |      |                 |          |             |              |          |             | tifica    |              |             |
| 1 1          | ress ch          | ange                                   | use IRS<br>label or               | ;          |           | oing Bi    |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          | 834         |           |              |             |
| H            | ne chan          | _                                      | print or                          | _          | Nı        | umber      | and s     | street (      | (or P C  | O box  | x if ma | ail is n     | ot del           | livere   | to st       | reet a   | addre         | ss)  |           |                  |      | Room            | 1/       | E T         | elep         | hone     | num         | ber       |              |             |
| Initi        | al return        | ,                                      | type.<br>See                      | P          | . 0       | ).         | Во        | x             | 17.      | 49     |         |              |                  |          |             |          |               |  |           |                  |      |                 |          | (40         | )5)          | 38       | 5-5         | 510       | 0            |             |
| Ter          | minated          |  | Specific                          |            | C         | ity o      | r tow     | vn, st        | ate c    | or cc  | ounti   | ry, aı       | nd Z             | IP +     | 4           |          |               |  |           |                  |      |                 |          | GG          | ros          |          |             |           |              |             |
| Am           | ended re         | etum                                   | Instruc-<br>tions.                | S          | ti        | 111        | wa        | ite:          | r        | OK     | 7       | 40           | 76.              | -1       | 749         | 9        |               |  |           |                  |      |                 | - 1      |             |              | pts \$   |             |           | 500,         | 158         |
| Apr          | dication         | pending                                | F                                 | Νε         | ame       | e and      | d add     | dress         | s of p   | princ  | apal    | offic        | er               |          |             |          |               |  |           | Н                | l(a) | is this         | a gr     | oup re      | eturn f      | or affi  | liates?     |           | Y            | es X No     |
|              |                  |  |                                   |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           | Н                | (b)  | Are a           | il affil | iates i     | nclud        | ed?      |             |           | Y            | es 🗌 No     |
| 1 Ta         | x-exer           | mpt sta                                | tus                               | ₹ 5        | 01(       | (c)(3      | ) •       | <b>4</b> (ins | sert no  | 0)     | $\prod$ | 494          | 7(a)(            | (1) o    | r           | 5.       | 27            |  |           | 7                |      | lf No           | o," att  | tach a      | irst (       | see in   | struction   | ns)       |              | _           |
| J W          | ebsite           | : <b>▶</b> n.                          | /a                                |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           | Η                | (c)  | Group           | exe      | mptior      | ก ทนก        | ber      | <b>&gt;</b> |           |              |             |
| <b>K</b> For | m of org         | anization                              | Х с₀                              | rpora      | ration    | n          | []        | Frust         | $\Box$   | Assc   | ociatio | วท           | Ot               | ther     | <b>▶</b>    |          |               | L  | _ Yea     | ar of            | form | ation           | 2        | 200         | 8(           | M        | State o     | f legal   | domicile     | OK          |
| Pai          | tl               | Sum                                    | nmary                             |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             |           |              |             |
|              | 1                | -                                      | describe                          |            |           | _          |           |               |          |        |         |              | -                |          |             |          | _             |  |           |                  |      |                 |          |             |              |          |             |           |              |             |
| Α            |                  |  | ganiz                             |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             |           | ch           |             |
| ÇĢ           | wil              | <u>.1 u</u>                            | <u>ltima</u>                      | ato        | <u>el</u> | <u>- y</u> | <u>le</u> | ad            | _t(      | 0 (    | an      | _ <u>i</u> ! | nc:              | rea      | ase         | € :      | in            | th   | ie_       | q                | ua   | lit             | ΣУ       | ar          | <u>nd</u>    | nυ       | ımbe        | er        | of           |             |
| JO           | eng              |  | erinc                             |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 | _=_      |             |              |          |             |           |              |             |
| V ERN        | 2                |  | this box                          |            |           |            | _         |               |          |        |         |              |                  |          |             |          | or di         | spose  | ed o      | of m             | ore  | than            | 25%      | 6 of 1      | its n        | èt as    | sets        |           |              |             |
| ŢŅ           | 3                |  | er of votir                       |            |           |            |           |               |          |        | _       |              |                  |          |             | -        |               |  |           |                  |      |                 |          |             |              | 3        |             |           |              | 5           |
| - ANC        | 4                |  | er of inde                        |            |           |            |           |               |          |        |         | gove         | ernin            | ng bo    | ody (       | Par      | t VI,         | line '                                       | 1b)       |                  |      |                 |          |             |              | 4        |             |           |              | 4           |
| ° C          | 5                |  | number of                         |            |           |            |           |               |          |        |         |              |                  |          |             |          |               | •  |           |                  |      |                 |          |             |              | 5        |             |           |              |             |
| & _          | 6                |  | number of                         |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          | •           |              | 6        | _+          |           |              |             |
|              | 1                | _                                      | ross unre                         |            |           |            |           |               |          |        |         |              |                  |          | •           | ,.       | ne 1          | 12   |           |                  |      |                 |          |             |              | 7        |             |           |              |             |
|              | р                | Net un                                 | related b                         | usi        | nes       | ss ta      | xabie     | e inco        | ome      | tron   | n Fo    | e mrk        | <del>1</del> 90- | I, lir   | ie 34       | <u> </u> |               | <u> </u>                                     |           |                  |      |                 |          | <del></del> | <del>.</del> | 7        | b           |           |              | 0           |
| R            |                  | 0                                      | h                                 |            |           |            | /Dan      | /////         | l        | 461    |         |              |                  |          |             |          |               |  |           |                  |      |                 |          | ior \       |              |          |             | <u>Cu</u> | rrent Y      | ear         |
| E            | 8                |  | butions ai                        |            | -         |            |           |               |          |        |         | •            |                  |          |             |          |               |  |           | 4                |      |                 | 8,1      | 010         | , /.         | Τρ       |             |           |              |             |
| アニン 田 乙 田 名  | 9                | •                                      | m servici                         |            |           |            |           |               |          |        | •       |              |                  | 1 =741   |             | 11       | is:           | $\overline{n}$                               |           | 1                |      |                 |          |             |              |          |             |           | 30           | 120         |
| Ñ            | 10               |  | ment inco<br>revenue (            |            |           |            |           |               |          |        |         |              | _                |          |             |          |               | <u>u</u>                                     | io        | , [              | ٠ :  |                 |          |             |              |          |             |           | 30,          | 130         |
| E            | 11               |  | evenue -                          |            |           |            |           |               |          |        |         |              |                  |          |             |          |               | ) lino                                       |           |                  |      |                 | 8,010,7  |             |              | 1.6      |             |           | 30           | 130         |
|              | 13               |  | and simi                          |            |           |            |           |               |          |        |         |              |                  |          |             |          | <del>20</del> | 17   | 10        | <del>/  </del> - |      |                 | 0,       | 010         | , /          | T 0      |             |           | 500,         |             |
|              | 14               |  | ts paid to                        |            |           |            |           |               |          |        |         | 1 1          | , ,              |          | - U)}       | _        |               |  | Sal       | إ≧               |      |                 |          |             |              |          | +-          |           | 300,         | 130         |
| E            | 1                |  | es, other                         |            |           |            |           |               |          |        |         |              |                  |          | i.<br>Mullo | in IV    | D. In         | les 5  | -<br>5-10 | ۱ L              |      |                 |          |             |              |          | +-          |           |              | <del></del> |
| P            |                  |  | sional fur                        |            |           |            |           |               |          |        |         |              |                  |          | إلا         |          |               |  | -         |                  |      |                 |          |             |              |          |             |           |              | <del></del> |
| EXPENSES     |                  |  | undraisin                         |            |           |            |           |               |          |        |         |              |                  |          |             |          | •             | '  |           |                  |      |                 |          |             |              |          | +-          |           |              |             |
| S<br>E       | ı                |  | expenses                          | -          |           |            | •         |               |          |        |         | •            |                  |          | )           |          |               |  |           |                  | -    |                 |          |             |              |          |             |           |              |             |
| S            |                  |  | expenses                          |            |           |            |           |               |          |        |         |              |                  |          |             | ), lın   | e 25          | 5)   |           |                  |      |                 |          |             |              |          | -           |           | 500,         | 158         |
|              | 19               |  | ue less e                         |            |           |            |           |               |          |        |         |              |                  |          | •           |          |               | <i>'</i>                                     |           |                  |      |                 | 8,0      | 010         | ,7:          | 16       |             | _         | 470,         |             |
| DE FUZD      |                  |  |                                   |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      | Begii           | nnıng    | of Cu       | rrent        | Year     |             | Er        | d of Y       | еаг         |
| TRA          | 20               | Total a                                | assets (Pa                        | art )      | X, k      | ine 1      | 16)       |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 | 8,       | 010         | ,7           | 16       |             | 7,        | 759,         | 338         |
| 8 L N        | 21               | Total I                                | iabilities (                      | (Pai       | nt X      | (, line    | a 26)     | )             |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             |           |              |             |
| SDS          | 22               | Net as                                 | sets or fu                        | and        | bal       | lanc       | es S      | 3ubtr         | act I    | ine 2  | 21 fr   | om l         | ine 2            | 20       |             |          |               |  |           | <u>.</u>         |      |                 | 8,       | 010         | ,7           | 16       |             | 7,        | 759 <b>,</b> | 338         |
| Par          | t                |  | ature Bl                          |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             |           |              |             |
|              |                  |  | penalties of p<br>t is true, cori |            |           |            |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             | ge and    |              |             |
| ٠.           |                  | Deliei, I                              |                                   | K          | Janu      | 1          |           | 7 ccia        | . attorn | oi pic | эраго   | i (Oliic     | 4 11101          | ii Oilic | 61/13       | vase     | u Oii a       | an imoi                                      | mauc      | 011 01           | WINC | ıı bieb         | aicii    | iias aii    | iy Kiic      | wieug    | ,c          |           | ۸            |             |
| Sign         |                  | <b>)</b>                               | _/ \\                             | Ţ          | <u> </u>  | Ά,         | ❤∸        | wc            |          | ===    |         |              |                  |          |             |          |               |  |           |                  |      |                 |          |             |              |          |             |           | -4-1         | L           |
| Here         | •                |  | Signature<br><b>Kirl</b>          | of<br>,    | offi      | icer       | -         |               | 0        |        | ٠.      |              | ,                | _        | _           |          |               |  |           |                  |      |                 |          |             |              |          | Da          | ate       |              |             |
|              |                  | .                                      |                                   |            |           |            |           |               | re       | Çıd    | len     | -91          | معل              | $C_{i}$  | EC          |          |               |  |           |                  |      |                 |          |             |              |          |             |           |              |             |
|              |                  | <del> </del>                           | Type or p                         | orint      | t na      | ime a      | and       | title         |          |        |         |              |                  |          |             | τ=       |               |  |           |                  | -1-  |                 |          |             | Ţ-           |          |             |           |              |             |
|              |                  | 1 .                                    | arer's                            |            |           |            |           |               |          |        |         |              |                  |          |             | P        | ate           |  |           |                  | S    | heck if<br>elf- |          |             | Pre          | parer'   | 's identii  | ying ni   | ımber (se    | e instr )   |
| Paid         |                  | signa                                  |                                   |            |           |            |           |               |          |        |         |              |                  |          |             | 1_       |               |  |           |                  | e    | nploye          |          | _           | 1            |          |             |           |              |             |
| Prepa        |                  | 1                                      | name (or you                      | urs        | þ         |            |           |               |          |        |         |              | -                |          |             |          |               |  |           |                  |      |                 | E        | IN .        |              | <u> </u> |             |           |              |             |
| Use C        | nly              | 1                                      | mployed),                         |            | ĺ         | <b>/</b> _ |           |               |          |        |         |              |                  |          |             |          |               |  |           |                  | _    |                 | ┨        |             |              |          |             |           |              |             |
| Marit        | - 100            | ــــــــــــــــــــــــــــــــــــــ | s, and ZIP +                      |            |           |            |           |               |          |        |         |              |                  |          |             | 4        |               |  |           |                  |      |                 | LPI      | hone        | no           | <u>}</u> |             |           | 7./-         | hzl av .    |
| may t        | ne IRS           | olscus                                 | ss this ref                       | turn       | 1 WI      | in th      | e pr      | epare         | er sh    | iowr   | n ab    | ove?         | (se              | e in     | struc       | tion     | s)            | <u>.                                    </u> |           |                  |      |                 |          |             | <u>.</u>     |          |             |           | Yes          | X No        |

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

Form 990 (2009)

|     | 990 (2009) Foundation for Engineering 26-1124834  | Page 2      |
|-----|---|-------------|
| Par |   |             |
| 1   | Bnefly describe the organization's mission  |             |
|     | The organization's mission is to provide financial support which  | will        |
|     | ultimately lead to an increase in the quality and number of   |             |
|     | engineering graduates at Oklahoma State University.   |             |
|     |   |             |
| 2   | Did the organization undertake any significant program services during the year which were not listed on  |             |
|     | the prior Form 990 or 990-EZ?   | X No        |
|     | If "Yes," describe these new services on Schedule O.  | D           |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program  |             |
| ,   |   | ⊠ No        |
|     |   | M           |
|     | If "Yes," describe these changes on Schedule O.   |             |
| 4   | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.   |             |
|     | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |             |
|     | and anocations to others, the total expenses, and revenue, it any, for each program service reported  |             |
| 4a  | (Code) (Expenses \$ 500, 158 including grants of \$ 500, 158 ) (Revenue \$  | )           |
|     | See attachment #1   |             |
|     |   |             |
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| 4b  | (Code ) (Expenses \$ Including grants of \$ ) (Revenue \$   | )           |
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| 4c  | (Code) (Expenses \$ including grants of \$) (Revenue \$   | )           |
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| 4d  | Other program services (Describe in Schedule O.)  |             |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |
| 4e  | Total program service expenses ▶ \$ 500, 158  |             |

|     |  |     | Yes      | No   |
|-----|--|-----|----------|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  | Γ   |          | <del>                                     </del> |
|     | complete Schedule A. , ,   | 1   | Х        |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X        |  |
| 3   | 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   | 3_  | L        | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,  |     |          |  |
|     | Part II  | 4   | <u>.</u> | X  |
| 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   |          | L  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the   |     |          |  |
|     | nght to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete  | l   | 1        |  |
|     | Schedule D, Part I   | 6   | <u> </u> | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |          | 1  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   | <u></u>  | Х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |     | }        | 1  |
|     | complete Schedule D, Part III  | 8   | ļ        | X  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part  | 1   | 1        | 1  |
|     | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   |     | 1        |  |
|     | complete Schedule D, Part IV   | 9   | <u> </u> | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   | 100 | }        |  |
|     | If "Yes," complete Schedule D, Part V  | 10  | <b> </b> | X  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or  |     | ١,,      |  |
|     | X as applicable  | 11  | X        | <b>├</b>   |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     | }        | ļ  |
| _   | Part VI  |     |          | [  |
| •   | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. |     | 1        | ł  |
| _   | Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total   |     |          | ]  |
| •   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  |     | ]        |  |
| _   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   | 1   |          |  |
| •   | Part X, line 16? If "Yes," complete Schedule D, Part IX  | ]   | Ì        | ]  |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 1   | }        | }  |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |          | }  |
| •   | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  | 1   |          | }  |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 1   |          | ĺ  |
|     | Schedule D, Parts XI, XII, and XIII.   | 12  | Х        | -  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No   |     |          |  |
| •   | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.  | 1   |          | -  |
| 13  | Is the organization a school 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 United States?  | 14a |          | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,  |     |          | Γ  |
|     | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b | 1        | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |     |          | Γ  |
|     | or entity located outside the United States? If ``Yes," complete Schedule F, Part II   | 15  | Į        | 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 a total of more than \$15,000 of expenses for professional fundraising services on   | [   |          |  |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17  | <u></u>  | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,   |     |          |  |
|     | lines 1c and 8a? If ``Yes," complete Schedule G, Part II   | 18  |          | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | ]   |          |  |
|     | If "Yes," complete Schedule G, Part III.   | 19  |          | X  |
| 20  | Did the organization operate one or more hospitals? If ``Yes," complete Schedule H   | 20  |          | X  |

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 Χ 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 lines 24b through 24d and complete Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . N/A24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease N/A 24c 24d 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Χ 28° Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Χ 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 28c Χ X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ``Yes," complete Schedule M ..... Χ . . . . 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 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 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O Χ JVA

|         |   |             | 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  | j           | ]  | ĺ              |
| b       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0                                   | _           | 1  | İ              |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable           | 1           |  | 1              |
|         | gaming (gambling) winnings to prize winners?  | 1c          | X  | <u> </u>       |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                       |             | ļ  | (              |
| _       | Statements, filed for the calendar year ending with or within the year covered by this return 0                       | <b>↓</b>    |  | l              |
| þ       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . N/A  | 2b          | <b>!</b> —                                       | <u> </u>       |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |             |  |                |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by               |             |  |                |
| _       | this return?  | 3a          |  | X              |
| b<br>4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority     | 3b          |  | ├              |
| 44      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial        | 1           | {  | 1              |
|         | 0.000,000   | 4a          | Į  | X              |
| ь       | account) /.  If ``Yes," enter the name of the foreign country. ▶  | <del></del> |  | <del>  ^</del> |
| -       | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and         |             |  |                |
|         | Financial Accounts.   |             |  | ļ              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                 | 5a          |  | X              |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?      | 5b          | <u> </u>   | X              |
| С       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding          |             | <del>                                     </del> |                |
|         | Prohibited Tax Shelter Transaction?   | 5c          | ļ  |                |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization   |             |  |                |
|         | solicit any contributions that were not tax deductible?   | 6a          |  | X              |
| b       | If ``Yes," did the organization include with every solicitation an express statement that such contributions or       |             |  |                |
|         | gifts were not tax deductible?  | 6b          |  |                |
| 7       | Organizations that may receive deductible contributions under section 170(c).   | }           |  | ì              |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and       | l _         |  | ١              |
|         | and services provided to the payor?   | 7a          | ļ <u>.</u>                                       | X              |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?                       | 7b          | ļ  |                |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was              |             | ļ  |                |
| 4       | required to file Form 8282?   | 7c          | <del> </del>                                     | X              |
| d<br>e  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal       | ┨           | !  |                |
| -       | benefit contract?   | 7e          |  | X              |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?          | 7f          |  | X              |
| a       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?            | 7g          |  | X              |
| h       | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as           | -           |  | <u> </u>       |
|         | required?   | 7h          | ļ  | Х              |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.              |             |  |                |
|         | Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess         |             | ļ  |                |
|         | business holdings at any time during the year?  | 8           |  | Х              |
| 9       | Sponsoring organizations maintaining donor advised funds.   |             |  |                |
| а       | Did the organization make any taxable distributions under section 4966?   | 9a          |  | X              |
| þ       | Did the organization make a distribution to a donor, donor advisor, or related person?                                | 9b          |  | Х              |
| 10      | Section 501(c)(7) organizations.Enter:  |             |  |                |
| а       | Initiation fees and capital contributions included on Part VIII, line 12  | 1           |  |                |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                           |             |  |                |
| 11      | Section 501(c)(12) organizations.Enter  |             | ,  |                |
| a       | Gross income from members or shareholders   | -{          |  | ĺ              |
| þ       | Gross income from other sources (Do not net amounts due or paid to other sources                                      |             |  |                |
| 40-     | against amounts due or received from them )   | 1           |  | .,             |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?            | 12a         |  | X              |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b                           | 1           |  | l .            |

Part VI

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

| Secu  | on A. Governing Body and Management  |             | Yes | No       |
|-------|--|-------------|-----|----------|
| 1a    | Enter the number of voting members of the governing body   |             | 162 | NO       |
| b     | Enter the number of voting members that are independent  | _           |     |          |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with         | 1 1         |     |          |
| _     | any other officer, director, trustee, or key employee?   | 2           | Х   |          |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct              | $\vdash$    |     |          |
| -     | supervision of officers, directors or trustees, or key employees to a management company or other person?              | 3           |     | Х        |
| 4     | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4           |     | X        |
| 5     | Did the organization become aware during the year of a material diversion of the organization's assets?                | 5           |     | X        |
| 6     | Does the organization have members or stockholders?  | 6           |     | X        |
| 7a    | Does the organization have members, stockholders, or other persons who may elect one or more members                   |             |     |          |
|       | of the governing body?   | 7a          | Χ   |          |
| b     | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                | 7b          |     | Х        |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during                 | ··-         |     |          |
| -     | the year by the following.   |             |     |          |
| а     | The governing body?  | 8a          | Х   |          |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b          | X   |          |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | <del></del> |     |          |
| •     | organization's mailing address? If ``Yes," provide the names and addresses in Schedule O                               | 9a          | Х   |          |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )        |             |     | <u> </u> |
|       |  |             | Yes | No       |
| 10a   | Does the organization have local chapters, branches, or affiliates?  | 10a         |     | Х        |
| ь     | 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? N/A                 | 10b         |     |          |
| 11    | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the           |             |     |          |
|       | form?  | 11          | Χ   |          |
| 11a   | Describe in Schedule O the process, if any, used by the organization to review this Form 990                           |             | -   |          |
| 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         | Χ   |          |
| С     | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"             |             | •   |          |
|       | describe in Schedule O how this is done  | 12c         | Χ   |          |
| 13    | Does the organization have a written whistleblower policy?   | 13          |     | Х        |
| 14    | Does the organization have a written document retention and destruction policy?  | 14          |     | Х        |
| 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         |     | Χ        |
| b     | Other officers or key employees of the organization?   | 15b         |     | Χ        |
|       | If "Yes" to line 15a or 15b, 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         |     | Х        |
| b     | If "Yes," has the organization adopted a written policy or procedure requining 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         |     |          |
| Secti | on C. Disclosure   |             |     |          |
| 17    | List the states with which a copy of this Form 990 is required to be filed ▶ NONE                                      |             |     |          |
| 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 🛛 Upon request   |             |     |          |
| 19    | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest  |             |     |          |
|       | policy, and financial 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 ▶ See attachment #2   |             |     |          |
|       |  |             |     |          |

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of ``key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title                             | (B)<br>Average       |            |               | (0         | <b>&gt;</b> ) | at apply)              |        | (D)<br>Reportable                                  | (E)<br>Reportable  | (F)<br>Estimated   |
|--|----------------------|------------|---------------|------------|---------------|------------------------|--------|--|--|--|
| name and fide                                  | hours<br>per<br>week | LED-A-DDAT | - R U S T E E | OF F - CER | KEMP<br>LOYEE | H - GH P E N S A T E D | FORMER | compensation from the organization (W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Bill Schlittler Director James H. Allen Jr.    | 2.00                 | Х          |               |            |               |                        |        | 0  | 0  | 0  |
| Director Kirk Jewell                           | 2.00                 | X          |               |            |               |                        |        | 0  | o  | o  |
| President<br>Karl Reid                         | 2.00                 |            |               | Х          |               |                        |        |  |  | 46,575   |
| Director Brandon Meyer                         | 2.00                 | Х          |               | Х          |               |                        |        |  |  | 0  |
| Counsel<br>Donna Koeppe<br>Secretary/Treasurer | 2.00                 |            |               | X          |               |                        |        | :  |  | 17,008<br>24,300   |
|  |                      |            |               |            |               |                        |        |  |  |  |

| Part    |   | s, Director       |                          |               | _           |                 |                        |         | est Compensated I                              | Employees(continue                         | ed)                     |  | age o         |
|---------|---|-------------------|--------------------------|---------------|-------------|-----------------|------------------------|---------|--|--|-------------------------|--|---------------|
|         | (A)   | (B)               |                          |               | ((          |                 |                        |         | (D)  | (E)  | Ť                       | (F)  |               |
|         | Name and title  | Average hours     |                          | T             | <del></del> |                 | at apply)              | F<br>O  | Reportable compensation                        | Reportable compensation                    | 1 -                     | stimate  |               |
|         |   | per<br>week       | NDI-RECTOR<br>NDI-V-DUAL | -NST-FUT-OXAL | OFF-CER     | KEY<br>EMPLOYEE | - GTEST<br>SPLOYEE ,   | ORMER   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | com<br>fr<br>org<br>and | other pensar om the anization relate anization | e<br>on<br>ed |
|         |   |                   |                          |               |             |                 |                        |         |  |  |                         |  |               |
|         |   |                   |                          |               |             |                 |                        |         |  |  |                         |  |               |
| 1h      | Total   | <u> </u>          | L                        | L             |             |                 |                        |         |  | E 1 71 0 C                                 | 0700                    |  |               |
| 1b<br>2 | Total number of individuals                                 | (including t      | out not le               | mited         | to thos     | e liste         | d above                |         |  | 517126                                     | 87883                   |  |               |
| -       | from the organization                                       | (iiioidoiiig i    | JGC 110C 11              |               |             | JO 11010        | G GDOVC                | ,       | received more than                             | \$100,000 iii report                       | able com                | Jensai   | .1011         |
| 3       | Did the organization list any employee on line 1a? If "Ye   |                   |                          |               |             |                 |                        |         | r highest compensat                            |  | 3                       | Yes  | No<br>X       |
| 4       | For any individual listed on I the organization and related | l organizati      | ons grea                 | iter the      | an \$15     | 000,0           | ensation<br>? If ``Yes | and o   | other compensation to<br>mplete Schedule J fo  | from<br>r such                             |                         |  |               |
| 5       | Individual  | e 1a receiv       | e or acci                | ue co         | mpens       | sation          | from any               | unrel   | ated organization for                          | Т  | 5                       | X  | X             |
| Section | on B. Independent Contracto                                 |                   |                          |               |             |                 | - /                    |         |  | <u></u>                                    | <u>_</u>                |  | <del></del>   |
| 1       | Complete this table for your                                |                   | t compe                  | nsate         | d inde      | pende           | nt contra              | ctors   | that received more t                           | han \$100,000 of                           |                         |  |               |
|         | compensation from the orga                                  |                   |                          |               |             |                 |                        |         |  | •  |                         |  |               |
|         | Name and  | (A)<br>d business | address                  |               |             |                 |                        |         | (B) Description of se                          | ervices                                    | (compe                  | C)<br>ensatio  | on            |
|         |   |                   |                          |               |             |                 |                        |         |  |  |                         |  |               |
|         |   |                   |                          |               | <del></del> |                 |                        |         |  |  |                         |  |               |
| 2       | Total number of independer \$100,000 in compensation f      |                   |                          |               | ut not      | limited         | to those               | e liste | d above) who receive                           | ed more than                               |                         |  |               |
| JVA     | 09 99078 TWF 33400  |                   | Forms (Sc                |               | Only) - 20  | 009 TW          |                        |         |  | <del></del>                                | Form                    | 990  | (2009)        |

Part VIII Statement of Revenue (B) C (D) Related or exempt function Unrelated Revenue excluded from tax Total revenue business under sections 512, 513, or 514 revenue GI HER 1a Federated campaigns 1a **b** Membership dues .. .. 1b c Fundraising events . . . . . . 1c d Related organizations , ... .. 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, & similar amounts not included above . . 1f g Noncash contributions included in lines 1a-1f h Totai. Add lines 1a-1f **Business Code** R 2a ö s GΕ RRR VE d EN f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) .......... Income from investment of tax-exempt bond proceeds **5** Royalties . . . . . . (ı) Real (II) Personal 6a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss). (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 500,158 . . b Less cost or other basis and sales expenses . 470,028 0 c Gain or (loss) . . 30,130 T d Net gain or (loss) . . . . 30,130 30,130 H 8a Gross income from fundraising Ε R events (not including \$ of contributions reported on line 1c) R See Part IV, line 18.... Ε **b** Less direct expenses ٧ Ε c Net income or (loss) from fundraising events . N 9a Gross income from gaming activities See U Part IV, line 19 . . . . . . E **b** Less direct expenses . . c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . . . . . . . . . . a **b** Less: cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a h d All other revenue .......... e Total. Add lines 11a-11d .. ... Total revenue. See instructions . 12 30,130 30,130

Foundation for Engineering 26-1124834

Form 990 (2009)

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Part IX S

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not  | include amounts reported on lines 6b,                   | (A)                                     | (B)                      | (C)                             | (D)                  |
|---------|---|---|--------------------------|---------------------------------|----------------------|
| 7b, 8b, | 9b, and 10b of Part VIII.                               | Total expenses                          | Program service expenses | Management and general expenses | Fundraising expenses |
| 1       | Grants and other assistance to governments and          |   |                          |                                 |                      |
|         | organizations in the U.S. See Part IV, line 21          | 500,158                                 | 500,158                  |                                 |                      |
| 2       | Grants and other assistance to individuals in           |   |                          |                                 | <del></del>          |
|         | the U.S See Part IV, line 22                            | }                                       | }                        |                                 |                      |
| 3       | Grants and other assistance to governments,             | <del></del>                             | <del> </del>             |                                 |                      |
| •       | organizations, and individuals outside the              | Į.                                      | 1                        |                                 |                      |
|         | U.S. See Part IV, lines 15 and 16                       | <b>\</b>                                | }                        |                                 |                      |
| 4       | Benefits paid to or for members                         | <del></del>                             | <del> </del>             |                                 | <del></del>          |
| 5       | Compensation of current officers, directors,            | <del></del>                             | <del> </del>             |                                 |                      |
| 3       |   | <b>,</b>                                | }                        |                                 |                      |
|         |   | <del></del>                             | <del> </del>             |                                 | <del></del>          |
| 6       | Compensation not included above, to disqualified        | ]                                       | Ì                        |                                 |                      |
|         | persons (as defined under section 4958(f)(1)) and       | Į.                                      | ļ                        |                                 |                      |
| _       | persons described in section 4958(c)(3)(B)              | <b></b>                                 | <del> </del>             |                                 |                      |
| 7       | Other salanes and wages                                 | <b></b>                                 |                          |                                 |                      |
| 8       | Pension plan contributions (include section 401(k)      | Į.                                      | ļ                        |                                 |                      |
|         | and section 403(b) employer contributions)              |   | <b> </b>                 |                                 |                      |
| 9       | Other employee benefits                                 |   | <b>}</b>                 |                                 |                      |
| 10      | Payroll taxes   | ļ                                       | ļ _ <del>-</del>         |                                 |                      |
| 11      | Fees for services (non-employees)                       |   | 4                        |                                 |                      |
| а       | Management  |   |                          |                                 |                      |
| b       | Legal   | l <u></u>                               |                          |                                 |                      |
| С       | Accounting  |   | <u> </u>                 |                                 |                      |
| d       | Lobbying  |   |                          |                                 |                      |
| е       | Professional fundraising services See Part IV, line 17. |   | <u> </u>                 |                                 |                      |
| f       | Investment management fees                              |   |                          |                                 |                      |
| g       | Other   |   |                          |                                 |                      |
| 12      | Advertising and promotion                               |   |                          |                                 |                      |
| 13      | Office expenses   |   |                          |                                 |                      |
| 14      | Information technology                                  |   |                          |                                 |                      |
| 15      | Royalties   |   |                          |                                 |                      |
| 16      | Occupancy   |   |                          |                                 |                      |
| 17      | Travel  |   |                          |                                 |                      |
| 18      | Payments of travel or entertainment expenses            |   |                          |                                 |                      |
|         | for any federal, state, or local public officials       | Ì                                       | ĺ                        |                                 |                      |
| 19      | Conferences, conventions, and meetings                  |   |                          |                                 |                      |
| 20      | Interest  |   |                          |                                 |                      |
| 21      | Payments to affiliates                                  |   |                          |                                 |                      |
| 22      | Depreciation, depletion, and amortization               |   |                          |                                 |                      |
| 23      | Insurance   |   |                          |                                 |                      |
| 24      | Other expenses, Itemize expenses not                    |   |                          | <del></del>                     |                      |
|         | covered above. (Expenses grouped together               | ļ                                       | Ĺ                        |                                 |                      |
|         | and labeled miscellaneous may not exceed                | †                                       | }                        |                                 |                      |
|         | 5% of total expenses shown on line 25 below )           | [                                       |                          |                                 |                      |
| а       | ·   | ļ — — — — — — — — — — — — — — — — — — — |                          |                                 |                      |
| b       |   | <u> </u>                                |                          |                                 | <del></del>          |
| c       |   | <u> </u>                                | <del> </del>             |                                 |                      |
| d       |   |   |                          | <del></del>                     |                      |
| e       |   |   | <del> </del>             | <del> </del>                    |                      |
| f       | All other expenses                                      |   |                          |                                 |                      |
| 25      | Total functional expenses. Add lines 1 through 24f      | 500,158                                 | 500,158                  | <del>  </del>                   |                      |
| 26      | Joint costs. Check here ▶ If following SOP 98-2.        | 300,130                                 | 300,130                  | <del> </del>                    |                      |
|         | Complete this line only if the organization reported in | 1                                       | 1                        |                                 |                      |
|         | column (B) joint costs from a combined educational      | 1                                       |                          |                                 |                      |
|         | campaign and fundraising solicitation                   | 1                                       | 1                        |                                 |                      |
|         |   | <del>1</del>                            | <u> </u>                 | 1 <u></u>                       |                      |

Part X **Balance Sheet** (B) Beginning of year End of year 1 2 2 Savings and temporary cash investments . . . 3 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete ASSETS Inventories for sale or use ....... 9 Prepaid expenses and deferred charges . . . . 9 10 a Land, buildings, and equipment: cost or other 10a | basis Complete Part VI of Schedule D . b Less: accumulated depreciation ...... 10b 10c 11 Investments -- publicly traded securities . . . . . . 11 12 Investments -- other securities See Part IV, line 11 ..... 7,759,338 8,010,716 13 Investments -- program-related See Part IV, line 11 13 **14** Intangible assets ........... 14 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 7,759,338 8,010,716 16 17 Accounts payable and accrued expenses . . . . . 17 18 19 20 20 Tax-exempt bond liabilities ABILITI 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . . Ε 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. N E T 8,010,716 27 7,759,338 מאמ 28 ASSE BALA Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds N 31 Paid-in or capital surplus, or land, building, or equipment fund ...... 31 O R 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 8,010,716 33 7,759,338 34 Total liabilities and net assets/fund balances 8,010,716 7,759,338

| Par | t XI  | Financial Statements and Reporting   |      |     |        |  |  |  |  |
|-----|---|--|------|-----|--------|--|--|--|--|
|     |   |  |      | Yes | No     |  |  |  |  |
| 1   | Acco  | unting method used to prepare the Form 990 <sup>.</sup> 🔲 Cash 🔯 Accrual 🔲 Other                                 |      |     |        |  |  |  |  |
|     | If the  | organization changed its method of accounting from a prior year or checked "Other," explain                      | ľ    | 1   |        |  |  |  |  |
|     | in Sc   | hedule O   | i    |     |        |  |  |  |  |
| 2a  | Were  | the organization's financial statements compiled or reviewed by an independent accountant?                       | 2a   | Ì   | Х      |  |  |  |  |
| b   | Were  | the organization's financial statements audited by an independent accountant?                                    | 2b   | i   | X      |  |  |  |  |
| С   | If "Y   | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |      |     |        |  |  |  |  |
|     | audit, review, or compilation of its financial statements and selection of an independent accountant? |  |      |     |        |  |  |  |  |
|     | If the  | organization changed either its oversight process or selection process during the tax year, explain in           |      |     |        |  |  |  |  |
|     | Sche  | dule O.  |      | ]   | 1      |  |  |  |  |
| d   | If "Y   | es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on |      |     |        |  |  |  |  |
|     | a cor   | nsolidated basis, separate basis, or both.   |      | Ì   |        |  |  |  |  |
|     | Se  | eparate basis  |      | Ì   |        |  |  |  |  |
| 3a  | As a  | result of a federal award, was the organization required to undergo an audit or audits as set forth in           |      | 1   |        |  |  |  |  |
|     | the S   | ingle Audit Act and OMB Circular A-133?  | 3a   | 1   | Х      |  |  |  |  |
| b   | If "Y   | es," did the organization undergo the required audit or audits? If the organization did not undergo the          |      |     |        |  |  |  |  |
|     | requi   | red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . $N/A$       | 3ь   |     |        |  |  |  |  |
| JVA | 09  | 99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW  | Form | 990 | (2009) |  |  |  |  |

### **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.

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2009

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|               | ment of the Treasury<br>Il Revenue Service   | ▶ Att  | ach to Form 990 or F                        | orm 990-E      | Z. <b>▶</b> S   | ee separa                               | te instruc    | tions.                   | "            | Inspe  | ction     | ic    |
|---------------|--|--|---|----------------|-----------------|---|---------------|--------------------------|--------------|--|-----------|-------|
|               | e of the organizati  |  |   |                |                 |   |               | mployer                  |              | tion nu  | ımber     |       |
| $\overline{}$ |  | or Engineer  |   |                |                 |   |               | 6-112                    | 4834         |  |           |       |
| Pa            |  | for Public Chari                                   |   |                |                 |   |               | tructions.               |              |  |           |       |
|               |  | a private foundation be                            | •   | -              |                 | •                                       | •             |                          |              |  |           |       |
| 1             | H  | ention of churches, or                             |   |                | din sect        | tion 170(b)                             | (1)(A)(i).    |                          |              |  |           |       |
| 2             | $\vdash$   | ibed in section 170(b)                             |   |                |                 | 70/L\/4\/A                              | \/:::\        |                          |              |  |           |       |
| 3<br>4        | ₩  | cooperative hospital so<br>arch organization oper  | _   |                |                 |   |               | (4\(A\(iii\              | Enter the    | hoonst   | alle na   |       |
| 7             | city, and state.   | aren organization oper                             | ated in conjunction wit                     | in a nospite   | ii describe     | our sect                                | (D)           | \\ '                     | Linter the   | позріц   | ai 5 i ia | iiie, |
| 5             | An organization  | n operated for the bene<br>v). (Complete Part II.) | efit of a college or univ                   | ersity owne    | ed or oper      | ated by a g                             | jovernmer     | ital unit de             | scribed in   | secti  | on        |       |
| 6             | A federal, state   | e, or local government                             | or governmental unit d                      | lescribed in   | section         | 170(b)(1)(                              | (A)(v).       |                          |              |  |           |       |
| 7             |  | n that normally receive<br>(1)(A)(vi). (Complete F |   | its support    | from a go       | vernmenta                               | l unit or fro | om the ger               | neral public | c desc   | rıbed ı   | n     |
| 8             | A community tr   | rust described in secti                            | on 170(b)(1)(A)(vi).(C                      | Complete Pa    | art II )        |   |               |                          |              |  |           |       |
| 9             |  | n that normally receive                            | • •   |                | • •             |   |               | •                        |              | ross   |           |       |
|               |  | ctivities related to its e                         |   |                | -               | -                                       | -             |                          |              |  |           |       |
|               |  | ross investment incom<br>e organization after Jur  |   |                |                 |   |               | irom busii               | iesses       |  |           |       |
| 10            |  | n organized and opera                              |   | •              |                 |   |               |                          |              |  |           |       |
| 11            |  | n organized and opera                              |   |                |                 |   |               | o carry ou               | t the        |  |           |       |
|               |  | e or more publicly sup                             |   |                |                 |   |               |                          |              | on   |           |       |
|               | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h |  |   |                |                 |   |               |                          |              |  |           |       |
|               | _ a ☑ Type I       b ☐ Type II     c ☐ Type III-Functionally integrated     d ☐ Type III-Other                 |  |   |                |                 |   |               |                          |              |  |           |       |
| е             |  | is box, I certify that the                         |   |                | -               |   |               | •                        |              |  |           |       |
|               | •  | than foundation manag                              | ers and other than one                      | e or more p    | ublicly su      | pported or                              | ganization    | s describe               | d in sectio  | ın   |           |       |
| _             | 509(a)(1) or se  |  |   |                | _               |   |               |                          |              |  |           |       |
| f             | If the organizat<br>organization, cl   | ion received a written of                          | determination from the                      | RS that it     | is a Type       | I, Type II o                            | or Type III   | supporting               | 3            |  |           | Г     |
| ~             | •  | 7, 2006, has the organ                             | ······································      | auft or contr  | <br>abution fro | m any of t                              | he            |                          |              |  | • • • •   | L     |
| g             | following perso  | •  | iization accepted any t                     | giit or cond   | ibulion no      | nii aliy or u                           | 116           |                          |              |  |           |       |
|               |  | ho directly or indirectly                          | controls, either alone                      | or togethe     | r with per      | sons descr                              | ibed in (ii)  |                          |              |  | Yes       | No    |
|               | and (III) bel  | low, the governing bod                             | y of the supported org                      | anızatıon?     |                 |   |               |                          | N/A 1        | 1g(i)  |           |       |
|               |  | ember of a person des                              | • •   |                |                 |   |               |                          |              | 1g(ii)   |           |       |
|               |  | trolled entity of a perso                          |   |                |                 |   |               |                          | N/A 1        | 1g(iii)  |           |       |
| <u>h</u>      | Provide the foll   | owing information abo                              | ut the supported organ                      | nization(s)    |                 | ,                                       |               | <del></del>              |              | ,  |           |       |
| (i) N         | lame of supported  | (ii) EIN   | (iii) Type of organization                  | (iv) Is the o  | rganization     | (V) Did you                             | notify the    | (vi)                     |              | (vii)  | Amou      | nt of |
| .,            | organization   |  | (described on lines 1-9                     | in col (i) tis | -               | organization                            | -             | organization<br>organize |              |  | upport    |       |
|               |  |  | above or IRC section<br>(see instructions)) | governing de   | ocument?        | of your si                              | abbout,       | US                       |              |  |           |       |
|               |  |  | (000  | Yes            | No              | Yes                                     | No            | Yes                      | No           | 1  |           |       |
|               |  |  |   | 1              |                 | † — — — — — — — — — — — — — — — — — — — |               |                          |              |  |           |       |
|               |  |  | }   |                |                 |   |               |                          |              | ŀ  |           |       |
|               |  |  |   |                | -               | ]                                       |               |                          | ]            | 1  |           |       |
|               |  |  |   | 1              | l               |   |               |                          | }            | 1  |           |       |
|               |  | ļ  |   | 1              | }               | 1                                       |               |                          | }            | {  |           |       |
|               |  | 1  | 1   |                | l               |   |               |                          | Ì            | 1  |           |       |
|               |  | 1  |   |                |                 | 1                                       |               |                          | ł            |  |           |       |
|               |  |  |   |                | 1               |   |               |                          | ]            | ]  |           |       |
| See           | e attachme   | nt #3  |   | }              | 1               |   |               |                          | }            | 1  |           |       |
| ===           |  | " "  | <del> </del>                                | <del> </del> - | <u> </u>        | <del> </del>                            |               |                          |              | <del>                                     </del> |           |       |
| Tot           | al   | 1  | }   | 1              | Í               | 1                                       |               | '                        | 1            | 50   | 0 1       | 50    |

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

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2009

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|     | e of the organization  | Employer identification number                |
|-----|--|---|
|     | undation for Engineering at OSU  | 26-1124834                                    |
| Par | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account  | tsComplete if                                 |
|     | the organization answered "Yes" to Form 990, Part IV, line 6   |   |
|     | (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 a   | dvised  |
|     | funds are the organization's property, subject to the organization's exclusive legal control?  | Yes No  |
| 6   | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car   | n be used only                                |
|     | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes   | ose conferring                                |
|     | ımpermissible private benefit?   | Yes No  |
| Par | rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa  |   |
| 1   | Purpose(s) of conservation easements held by the organization (check all that apply)   |   |
|     | Preservation of land for public use (e.g., recreation or pleasure)   | vation of an historically important land area |
|     | Protection of natural habitat Presen   | vation of a certified historic structure      |
|     | Preservation of open space   |   |
| 2   | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo  | orm of a conservation                         |
|     | easement on the last day of the tax year.  |   |
|     |  | Held at the End of the Tax Year               |
| а   | Total number of conservation easements   | . 2a  |
| b   | •  |   |
| С   | Number of conservation easements on a certified historic structure included in (a)   | . 2c  |
| ď   | Number of conservation easements included in (c) acquired after 8/17/06  | 2d  |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by   | y the organization during the tax             |
|     | year   |   |
| 4   | Number of states where property subject to conservation easement is located  |   |
| 5   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling  | of violations, and                            |
|     | enforcement of the conservation easements it holds?  | Yes No  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement   | ts during the year ▶                          |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du   |   |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the requirements of section  |   |
|     | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  | ∐Yes ∐No                                      |
| 9   | In Part XIV, describe how the organization reports conservation easements in its revenue and exp   |   |
|     | balance sheet, and include, if applicable, the text of the footnote to the organization's financial state  | tements that describes                        |
| Б., | the organization's accounting for conservation easements   | <del></del>                                   |
| Pai | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar   | Assets.                                       |
|     | Complete if the organization answered ``Yes" to Form 990, Part IV, line 8  |   |
| 4.  | If the commention elected an apprinted under CEAC 446 met to grow to comment of the comment of t | ad balanca abaakuusdus af                     |
| та  | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement ar<br>art, historical treasures, or other similar assets held for public exhibition, education, or research in  |   |
|     | provide, in Part XIV, the text of the footnote to its financial statements that describes these items  | ratherance of public service,                 |
|     | If the agreementation elected, as parmitted under CEAC 116, to report in its revenue statement and h   | alamas also at uvalles of art                 |
| D   | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furth  |   |
|     | provide the following amounts relating to these items  | relation of public service,                   |
|     |  |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1   | • • •   |
| _   | (ii) Assets included in Form 990, Part X   | <del></del>                                   |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under SFAS 116 relating to these items   | ancial gain, provide the                      |
| _   |  |   |
|     | Revenues included in Form 990, Part VIII, line 1   | <del></del>                                   |
| D   | Assets included in Form 990, Part X  |   |
|     |  |   |

| Par         | † III Organizations Mainta         | lining Collections of       | Art, Historical Trea   | sures, or Other Sin                     | nilar A        | ssets(continued)                      |                   |             |
|-------------|------------------------------------|-----------------------------|------------------------|---|----------------|---------------------------------------|-------------------|-------------|
| 3           | Using the organization's acquis    | sition, accession, and      | other records, check   | any of the following                    | that a         | re a significant use o                | of its collection | n           |
|             | items (check all that apply)       |                             |                        |   |                |                                       |                   |             |
| а           | Public exhibition                  |                             | d∫                     | Loan or exchange                        | progr          | ams                                   |                   |             |
| b           | Scholarly research                 |                             | e                      | Other                                   |                |                                       |                   |             |
| c           | Preservation for future gen        | erations                    | L                      | J ———                                   |                |                                       |                   |             |
| 4           | Provide a description of the org   |                             | s and explain how th   | ev further the organiz                  | zation'        | s exempt purpose in                   | 1                 |             |
|             | Part XIV.                          | •                           |                        | .,                                      |                |                                       |                   |             |
| 5           | During the year, did the organic   | zation solicit or receive   | e donations of art. hi | storical treasures, or                  | other          | sımılar                               |                   |             |
|             | assets to be sold to raise funds   |                             |                        |   |                |                                       | . Yes             | □No         |
| Par         | t IV Escrow and Custodia           |                             |                        | <u>_</u>                                |                | <del></del>                           | <u>. 11190</u>    |             |
|             | Part IV, line 9, or repor          | _                           | •                      |   |                |                                       |                   |             |
|             |                                    | tod dir diriodiri ori i ori | 11. 000,1 01.71, 11.10 | ···                                     |                |                                       |                   |             |
| 1a          | Is the organization an agent, tr   | rustee custodian or off     | ner intermedian/ for   | contributions or other                  | r 2004         | te not                                |                   |             |
| 14          | included on Form 990, Part X?      |                             | =                      |   |                | is not                                | Yes               | ∏No         |
| <b>L</b>    | If "Yes," explain the arrangem     |                             |                        |   |                |                                       | ∐ res             | Пио         |
| b           | ii res, explain the arrangem       | ent in Fait Aiv and Co.     | implete the following  | lable                                   | _              | T                                     |                   |             |
|             | Danis balanca                      |                             |                        |   | <u> </u>       | An An                                 | nount             |             |
| c           | Beginning balance                  |                             |                        | • | 1c             | <b></b>                               |                   |             |
| d           | Additions during the year .        |                             |                        |   | 1d             | <del> </del>                          |                   |             |
| e           | Distributions during the year .    |                             |                        |   | 1e             | <del></del>                           |                   |             |
| f           |                                    |                             |                        |   |                | L                                     | <del></del>       |             |
| 2a          | Did the organization include ar    |                             | , Part X, line 21?     |   |                |                                       | Yes               | ∐ No        |
| <u>_b</u> _ | If "Yes," explain the arrangem     |                             |                        | <del></del>                             |                |                                       |                   |             |
| Pai         | t V Endowment Funds. C             |                             |                        |   |                |                                       |                   |             |
|             |                                    | (a) Current year            | (b) Prior year         | (c) Two years ba                        | ack (          | d) Three years back                   | (e) Four ye       | ars back    |
| 1a          | Beginning of year balance          | L                           |                        |   |                |                                       | <u></u>           |             |
| þ           | Contributions                      | Ĺ                           |                        |   |                |                                       | <u> </u>          |             |
| C           | Net investment earnings,           |                             |                        |   |                |                                       |                   |             |
|             | gains, and losses                  |                             |                        |   |                |                                       |                   |             |
| d           | Grants or scholarships             |                             |                        |   |                |                                       |                   |             |
| е           | Other expenditures for             |                             |                        |   |                |                                       |                   |             |
|             | facilities and programs .          |                             |                        |   | - (            | •                                     |                   |             |
| f           | Administrative expenses            |                             |                        |   |                |                                       |                   |             |
| g           | End of year balance                |                             |                        |   |                |                                       |                   |             |
| 2           | Provide the estimated percenta     | age of the year end ba      | lance held as          |   |                |                                       |                   |             |
| а           | Board designated or quasi-end      |                             | %                      |   |                |                                       |                   |             |
| ь           | Permanent endowment                | %                           |                        |   |                |                                       |                   |             |
| С           | Term endowment ▶                   | %                           |                        |   |                |                                       |                   |             |
| 3a          | Are there endowment funds no       |                             | the organization tha   | t are held and admin                    | istere         | d for the                             |                   |             |
|             | organization by.                   |                             |                        |   |                |                                       | ĺγ                | es No       |
|             | (i) unrelated organizations        |                             |                        |   |                |                                       | 3a(i)             |             |
|             | (ii) related organizations         |                             |                        |   | •              |                                       | 3a(ii)            | -+-         |
| ь           | If "Yes" to 3a(ii), are the relate |                             |                        |   |                |                                       | 3b                | <del></del> |
| 4           | Describe in Part XIV the intend    | -                           |                        |   | • •            |                                       | 30                |             |
|             |                                    | d, Buildings, and Equ       |                        |   |                | <del></del>                           |                   |             |
| rai         | Description of investmen           |                             | <del></del>            |   | <del></del>    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (d) D = -1        |             |
|             | Description of investmen           | L                           | Į.                     | (b) Cost or other                       | ι :            | ) Accumulated                         | (d) Book v        | /alue       |
|             | <del>, , ,</del>                   | <del>(I</del> r             | rvestment)             | basis (other)                           |                | depreciation                          |                   |             |
| 1a          | Land                               | · · ·                       |                        |   | <del> </del> - |                                       |                   |             |
| b           | Buildings                          |                             |                        |   |                |                                       |                   |             |
| C           | Leasehold improvements .           |                             |                        |   | <b>L</b>       |                                       |                   |             |
| d           | Equipment                          | · ·                         |                        |   | L_             |                                       |                   |             |
| е           |                                    | <u></u>                     |                        |   | l              |                                       |                   |             |
| Total       | I. Add lines 1a through 1e. (Coll  | ımn (d) should equal F      | Form 990, Part X, co   | lumn (B), line 10(c))                   |                | •                                     |                   |             |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| Sche | dule D (Form 990) 2009 Foundation for Engineering 26-112483                                 | 4           | Page 4       |
|------|---|-------------|--------------|
| Par  |   |             |              |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                    | 1           | 30,130       |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)                                     | 2           | 500,158      |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                | 3           | -470,028     |
| 4    | Net unrealized gains (losses) on investments  | 4           | 467,430      |
| 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 through 8   | 9           | 467,430      |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9    | 10          | -2,598       |
| Par  | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return    |             |              |
| 1    | Total revenue, gains, and other support per audited financial statements                    | 1           | -2,598       |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12                          |             |              |
|      | Net unrealized gains on investments   |             | 1            |
| b    | Donated services and use of facilities  |             | <u> </u>     |
| С    | Recovenes of pnor year grants   | _           | 1            |
| d    | Other (Describe in Part XIV )   |             | Į.           |
| е    | Add lines 2a through 2d   | 2e          | 467,430      |
| 3    | Subtract line 2e from line 1  | 3           | -470,028     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        | -           | }            |
|      | Investment expenses not included on Form 990, Part VIII, line 7b 4a                         | _           | }            |
| b    | Other (Describe in Part XIV.) 4b  | _           | 1            |
| -    | Add lines 4a and 4b   | 4c          | <u> </u>     |
|      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)             | 5           | -470,028     |
|      | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | <del></del> | <del>,</del> |
|      | Total expenses and losses per audited financial statements                                  | 1           | <del> </del> |
|      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           | 1           | 1            |
|      | Donated services and use of facilities  | _           |              |
|      | Prior year adjustments  | _]          | ļ            |
|      | Other losses  | _           | }            |
|      | Other (Describe in Part XIV )   | 1           |              |
| е    | Add lines 2a through 2d   | 2e          |              |
| 3    | Subtract line 2e from line 1  | 3           | <b></b>      |
|      | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |             | ļ            |
|      | Investment expenses not included on Form 990, Part VIII, line 7b                            | _}          | {            |
|      | Other (Describe in Part XIV )   | 4           | 1            |
|      | Add lines 4a and 4b   | 4c          |              |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)              | 5           | (            |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Supplemental Information

Part XIV

| SCHEDULE I<br>(Form 990)  | G.<br>Gove   | Governments, and Individuals in the United States  | r Assistance<br>Individuals           | to Organizatin the United         | tions,<br>States  |  | OMB No. 1545-0047<br><b>2009</b>          |
|---|--|--|---------------------------------------|-----------------------------------|---|--|---|
| Department of the Treasury<br>Internal Revenue Service  | Complet  | Complete if the organization answered ``Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990. | answered "Yes" to Attach to Form 990. | Form 990, Part IV,<br>3.          | line 21 or 22.  |  | Open to Public Inspection                 |
| the c   | Engineering at OSU   |  |                                       |                                   |   | Employer Identific 26-1124834          | Employer Identification number 26-1124834 |
| Part I General Informatic   | General Information on Grants and Assistance   | stance   |                                       |                                   |   |  |   |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | records to substantiate the an ard the grants or assistance?   | nount of the grants or a   | assistance, the grant                 | ees' eligibility for the          | grants or assistance,                                       | and                                    | X Yes                                     |
| Describ   | e in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Grants and Other Assistance to Governments and Organizations in the United States | ng the use of grant fun  | ds in the United State                | les                               |   |  | 11 A =                                    |
| _   | Form 990. Part IV line 21 for any recipient that received more than \$5,000. Check this boy if no one recipient for any recipient that received more than \$5,000. The Dad IV and        | wed more than \$5,000  | Check this box if no                  | United States.                    | Complete It the organ                                       | Zation answered Yes                    | 0   |
| Schedule I-1 (Form 990)   | Schedule I-1 (Form 990) if additional space is needed  |  | . Criech lins box ii iic              |                                   | red filole filali \$3,000.                                  | use rail iv and                        | <b>△</b>                                  |
| 1 (a) Name and address of organization or government  | tion (b) EIN   | (c) IRC section if applicable  | (d) Amount of cash grant              | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance     |
|   |  |  |                                       |                                   |   |  |   |
| 2 Enter total number of section 501(c)(3) and government organizations  | 1(c)(3) and government organ   |  |                                       |                                   |   |  | -   |
| 3 Enter total number of other organizations   | nizations  |  |                                       | :                                 | :   |  |   |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  | uction Act Notice, see the In  | structions for Form  | 990.                                  |                                   |   | Schedi                                 | Schedule I (Form 990) 2009                |
| JVA 09 99011 TWF 33077 Cop  | Copyright Forms (Software Only) - 2009 TW  | A  |                                       |                                   |   |  |   |

| Page 2                     |   |   | ssistance   |   |
|----------------------------|---|---|---|---|
|                            | o Form 990, Part IV, line 22.   |   | (f) Description of non-cash assistance                |   |
| •                          | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |   | (e) Method of valuation (book, FMV, appraisal, other) |   |
|                            | ed States. Complete   |   | (d) Amount of non-cash assistance                     |   |
|                            | viduals in the Unit   | onal space is needed  | (c) Amount of cash grant                              |   |
|                            | stance to Indiv   | Form 990) if addit  | (b) Number of recipients                              |   |
| n 990) 2009                | Grants and Other Assis  | Use Part IV and Schedule I-1 (Form 990) if additional space is needed | (a) Type of grant or assistance                       |   |
| Schedule I (Form 990) 2009 | Part III  |   | (a) Type  | • |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Support provided to OSU School of Engineering, its students, faculty, with a vision of preparing and enhancing the quality and number of graduates.

Schedule I (Form 990) 2009

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number Foundation for Engineering at OSU 26-1124834 Part I Questions Regarding Compensation

| 4- | Check the consequents have an interesting provided any of the fallowing to a few annual late due Francisco        |             | Yes      | No           |
|----|---|-------------|----------|--------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form |             |          |              |
|    | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items     |             |          |              |
|    | First-class or charter travel  Housing allowance or residence for personal use                                    | Į           | [ .      | ĺ            |
|    | Travel for companions Payments for business use of personal residence   | ļ           | •        |              |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                          |             |          |              |
|    | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)                                   |             |          |              |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or     | 1           |          | )            |
| _  | reimbursement or provision of all of the expenses described above? If ``No," complete Part III to explain         | 1b          | Ì        | Ì            |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all             | <del></del> | _        | <del> </del> |
| _  | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?            | 2           |          | }            |
|    | Sincere, and colors, and the open-product product, regarding the items discoved in line 1a:                       | -           |          |              |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the               |             |          | i<br>1       |
|    | organization's CEO/Executive Director Check all that apply.   | ľ           |          |              |
|    | Compensation committee Written employment contract  |             | <b>!</b> | ļ .          |
|    | Independent compensation consultant Compensation survey or study  |             | <b>!</b> | <b>!</b>     |
|    | Form 990 of other organizations  Approval by the board or compensation committee                                  |             |          |              |
|    |   |             |          |              |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing      |             |          | }            |
|    | organization or a related organization.   | 1           | ]        | 1            |
| а  | Receive a severance payment or change-of-control payment?   | 4a          |          | Х            |
| ь  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                             | 4b          | -        | X            |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?                                | 4c          | -        | X            |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     | ļ —         |          |              |
|    |   |             |          |              |
|    | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.                                       |             | , ,      |              |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any              |             |          |              |
|    | compensation contingent on the revenues of:   |             | Į i      |              |
| а  | The organization?   | 5a          |          | X            |
| b  | Any related organization?   | 5b          |          | X            |
|    | If "Yes" to line 5a or 5b, describe in Part III.  |             |          |              |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any              | 1           |          |              |
|    | compensation contingent on the net earnings of:   |             |          |              |
| а  | The organization?   | 6a          |          | Х            |
| b  | Any related organization? ,,,   | 6b          |          | X            |
|    | If "Yes" to line 6a or 6b, describe in Part III   |             |          |              |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed          |             |          |              |
|    | payments not described in lines 5 and 6? If "Yes," describe in Part III   | 7           |          | Х            |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was                  |             |          |              |
|    | subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe           |             |          |              |
|    | ın Part III   | 8           | }        | Х            |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in            | <u> </u>    |          | <del></del>  |
|    | Populations continue 52 4059 G/o/2  | ١           | [ ]      | 37           |

## 26-1124834 Foundation for Engineering

Schedule J (Form 990) 2009

| Part II | Officers, Direc

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

ns (RV)-(iii) must equal the applicable column (D) or column (E) amounts on Eorm 990 Part VIII line 1a

| Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a | equal th    | e applicable colum                        | n (D) or column (E) am                             | ounts on Form 990, F | Part VII, line 1a  |                |                                       |                            |
|---|-------------|---|--|----------------------|--------------------|----------------|---------------------------------------|----------------------------|
|   |             | (B) Breakdown of                          | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation       | (C) Retirement     | (D) Nontaxable | (E) Total of columns (F) Compensation | (F) Compensation           |
| emeN (A)  |             | (i) Base                                  | (ii) Bonus & incentive                             | (iii) Other          | and other deferred | penefits       | (B)(ı)-(D)                            | reported in prior          |
|   |             | compensation                              | compensation                                       | reportable           | compensation       |                |                                       | Form 990 or                |
|   | _           |   |  | compensation         |                    |                |                                       | Form 990-EZ                |
| Kirk Jewell   | <u> </u>    |   |  |                      |                    |                |                                       |                            |
|   |             | 232,014                                   | 0_   | 15,907               | 28,750             | 17,825         | 294,496                               | 286,491                    |
| Brandon Meyer   | €           |   |  |                      |                    |                | -                                     |                            |
|   |             | 136,352                                   | . 1  | 17,179               | 1,600              | 15,408         | 170,539                               | 0                          |
|   | € !         |   |  |                      |                    |                |                                       |                            |
|   | Ξ.          |   |  |                      |                    |                |                                       |                            |
|   | <u> </u>    | _   |  |                      |                    |                |                                       |                            |
|   | € €         |   |  |                      |                    |                |                                       |                            |
|   | E (         |   |  |                      |                    |                | _                                     |                            |
|   | €           |   |  |                      |                    |                |                                       |                            |
|   | <br>E_      |   |  |                      |                    |                |                                       |                            |
|   | €           | -   |  |                      |                    |                |                                       |                            |
|   | €€          |   |  |                      |                    |                |                                       |                            |
|   | [ €         |   |  |                      | _                  |                | _                                     |                            |
|   | E           |   |  |                      |                    |                |                                       |                            |
|   | €           |   |  |                      |                    | _              |                                       |                            |
|   | €           |   |  |                      |                    |                |                                       |                            |
|   | € €         |   |  |                      |                    |                |                                       |                            |
|   |             |   |  |                      |                    |                |                                       |                            |
|   | €           |   |  |                      |                    |                |                                       |                            |
|   | €           |   |  |                      |                    |                |                                       |                            |
| ,   |             |   |  |                      |                    |                |                                       |                            |
|   | €           |   |  |                      |                    |                |                                       |                            |
|   | € (€        | -   |  |                      |                    |                |                                       |                            |
|   | Œ           |   |  |                      | -                  |                |                                       |                            |
|   | €           |   |  |                      | _                  |                |                                       |                            |
|   | <u>e</u>    |   |  |                      | -                  |                |                                       |                            |
|   | € €         |   |  |                      |                    |                |                                       |                            |
| JVA 09 990J2 TWF 32870 CC   | opynght For | Copyright Forms (Software Only) - 2009 TW | WT 60  |                      |                    |                | Schedule                              | Schedule J (Form 990) 2009 |

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047 2009

> Open to Public Inspection

Name of the organization

**Employer identification number** 

26-1124834

Foundation for Engineering at OSU 26-11 Part VI, Line 2: Two of the OSUF directors are officers of Oklahoma State University Foundation, which is the supported organization. Two directors of the organization, who are not OSUF directors both serve as directors of a closely held corporation.

Part VI, Line 7: There are two classes of directors: OSUF directors, appointed by Oklahoma State University Foundation and other directors. The bylaws of the organization provide that the OSUF directors shall always comprise a majority of the directors of this organization. Therefore, the Oklahoma State University Foundation controls the affairs and finances of this organization.

Part VI, Line 9a: Bill Schlittler and Jim Allen can be reached at the following address: Dolese Foundation, 20 NW 13th Street, P.O. Box 677, Oklahoma City, OK 73101-0677 Part VI, Line 11a: An electronic copy of the Form 990 is provided to each member of the govering body via e-mail before the Form 990 is filed. The return is prepared by the supported organization and distributed to all members of the board of directors. A copy is also submitted to the organization's outside tax accountants for review prior to filing.

Part VI, Line 12c: Annually, each director, principal officer, and member of a committee with board delegated powers is required to sign a statement which affirms such person has (i) received a copy of the conflice of interest policy (ii) has read and understands the policy, (iii) has agreed to comply with the policy and (iv) understands the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. Part VI, Line 18: No documents are made available to the public other than as required by law.

OMB No 1545-0047 Open to Public Inspection Direct controlling **Employer identification number** Direct controlling 2009 entity entity 26-1124834 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Public charity status (if section 501(c)(3)) End-of-year assets 170b(1)(A)(vi) <u>e</u> ► Complete if the organization answered `Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 Total income 501(c)(3) ▶ See separate instructions. Legal domicile (state Legal domicile (state or foreign country) or foreign country) ▶ Attach to Form 990. OK Primary activity Primary activity Fundraising Foundation for Engineering at OSU Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Oklahoma State University Stillwater, OK 74076 Name of the organization P.O. Box 1749 Department of the Treasury Internal Revenue Service Foundation 73-6097060 SCHEDULE R (Form 990) Part Part II

Schedule R (Form 990) 2009

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TWF 33244

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Ϋ́

Foundation for Engineering 26-1124834

Page 2

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

No Schedule R (Form 990) 2009 General or Percentage ownership managing partner? 9 Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) end-of-year Share of assets <u>6</u> ŝ llocations? portionate Share of total income Dispro-Ξ Yes Share of end-of-year 9 (C corp, S corp, or trust) Type of entity Share of total income  $\mathbf{\varepsilon}$ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ਉ Copyright Forms (Software Only) - 2009 TW Primary activity Legal domicile foreign country) (state or <u>e</u> છ Primary activity Name, address, and EIN of related organization <u>e</u> TWF 33456 Name, address, and EIN of related organization 09 990R2 <u>a</u> Part IV ١ş

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Schedule R (Form 990) 2009 Amount involved Yes 500,158 ত্ 4 5 P 重 4 9 19 <u>e</u> # **1**g ¥ 40 ÷ = If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Transaction type (a-r) Д During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? : : : . . . . Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Exchange of assets
Lease of facilities, equipment, or other assets to other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Vame of other organization : Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. : Lease of facilities, equipment, or other assets from other organization(s) Loans or loan guarantees by other organization(s) .... Copyright Forms (Software Only) - 2009 TW Giff, grant, or capital contribution to other organization(s) Other transfer of cash or property from other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property to other organization(s). Gift, grant, or capital contribution from other organization(s) (1) Oklahoma State University Foundation Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Sales of assets to other organization(s).. Purchase of assets from other organization(s) Sharing of paid employees .. TWF 33245 Exchange of assets 990R3 60 σ Ε 0 ۵ **©** § 3 ල € 3

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

| Attachment              | 1:      | Form       | 990     | Page       | 2,    | Part      | III             |            |         |                                |
|-------------------------|---------|------------|---------|------------|-------|-----------|-----------------|------------|---------|--------------------------------|
| Open to Public          |         |            |         |            |       |           |                 |            |         |                                |
| Inspection              | For c   | alendar ye | ar 2009 | , or tax p | eriod | beginning | 07-01-          | -2009, and | ending_ | 06-30-2010.                    |
| Name of Organizati      | on      |            |         |            | -     |           |                 |            | E       | Employer Identification Number |
| Foundation              | foi     | r Engi     | inee    | ring       | at_   | OSU_      |                 |            | 2       | 6-1124834                      |
| Part III - Statement of | f Progr | am Servic  | e Accor | nplishmer  | ts    |           |                 |            |         |                                |
| Code.                   |         | Expe       | nses    | 50         | 0,1   | 58 u      | ncluding Grants | of 50      | 0,158   | Revenue                        |
|                         |         |            |         |            |       | Exempt    | Purpose Achiev  | ements     |         |                                |

The Organization was formed as a supporting organization to the Oklahoma State University Foundation, Inc, a section 501(c)(3) publicly supported charity. As such, the organization provides grants to OSUF to support the OSU School of Engineering and its students and faculty, with the vision of preparing end enhancing the quality and number of graduates.

### **BOOKS ARE IN CARE OF**

| Attachment         | 2:          | Form 9      | 90 Pag      | e 6, Part        | VI, Sectio     | on C, Line   | 20                             |
|--------------------|-------------|-------------|-------------|------------------|----------------|--|--------------------------------|
| Open to Public     |             |             |             |                  |                |  |                                |
| Inspection         |             | lendar year | 2009 or tax | period beginning | 07-01          | , and ending                                       | 06-30-2010.                    |
| Name of Organizati |             |             |             |                  |                |  | Employer Identification Number |
| Foundation         | _for        | Engin       | eering      | at OSU           |                | 2  | 6-1124834                      |
| Part VI - Line 20  |             |             |             |                  |                | · <del>- · · · · · · · · · · · · · · · · · ·</del> |                                |
| Individual Name .  |             |             |             |                  |                |  |                                |
| Business Name:     |             |             |             |                  |                |  |                                |
| OSU Founda         | <u>tion</u> |             |             |                  |                |  |                                |
|                    |             |             |             |                  |                |  |                                |
| Street Address     |             |             |             |                  | <u>400 S</u> . | . Monroe   |                                |
| U S Address        |             |             |             |                  |                |  | -                              |
| Zip code<br>or     | 7407        | 6           | City        | Stillwate        | er             | State  | <u>OK</u>                      |
| Foreign Address    |             |             |             |                  |                |  |                                |
| City .             |             |             |             |                  |                | ·  |                                |
| Province or S      | State .     |             | · ··_       |                  |                |  |                                |
| Country .          |             |             |             |                  |                |  | <u> </u>                       |
| Postal code        |             |             |             |                  |                |  |                                |
| Phone Numb         | oer         |             |             |                  |                |  | ·                              |
| Fax Number         |             |             |             | · · · · ·        |                |  |                                |

## **INFORMATION ABOUT SUPPORTED ORGANIZATIONS**

| Attachment 3: Sch A Page 1, Part I, Line 11h - Info About Supported Orgs |                        |                                    |                     |                       |  |                              |  |  |  |  |  |
|--|------------------------|------------------------------------|---------------------|-----------------------|--|------------------------------|--|--|--|--|--|
| Open to Public   | )O aw faw mania d ba a | ·· 07 0                            | 1 2000              |                       | 06 20  | 2010                         |  |  |  |  |  |
| Inspection For calendar year 200 Name of Organization                    | 9 or tax period beg    | inning 07-0                        | 1-2009, 2           |                       |  | -2010.<br>ntification Number |  |  |  |  |  |
| Foundation for Enginee   | ering at OS            | IJ                                 |                     | 2                     | 26-11248   | Runcation Number             |  |  |  |  |  |
| (a) Name(s) of Supported Organization(s)                                 |                        | Line No (1 to 9)<br>or IRC Section | Governing Documents | Notify org of support | Organization in the U S                          |                              |  |  |  |  |  |
| Oklahoma State   |                        |                                    | <u> </u>            | <u> </u>              | <del>                                     </del> |                              |  |  |  |  |  |
| University   |                        |                                    |                     | ,                     |  |                              |  |  |  |  |  |
| Foundation   | 73-6097060             | 501 (c) (3)                        | Х                   | X                     | Х  | 500,158                      |  |  |  |  |  |
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