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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

Open to Public Inspection

A	For the 2	2010 calenda	r year, or tax year begi	nning	April 1	, 2010, a	nd ending	M	arch 3	1 , 20	11
В	Check if app	plicable:	C Name of organization					D Empl	oyer ide	entification numb	er
	Address ch	nange	Alaska Engineering Ed	ucation Foundatio	n			ł	92	2-0163845	
	Name chan	nge	Number and street (or P.O.	box, if mail is not deli-	vered to street address)		Room/sulte	E Telep	hone nu	ımber	
	Initial return	n	1475 Essex Circle					l	907-562-0320		
=	Terminated		City or town, state or coun	try, and ZIP + 4	- 			F Grou	ıb Exer	mption	
=	Amended n Application		Anchorage, AK 99503					Num	nber ▶	• '	
		ng Method:	✓ Cash	Other (specify)	>	··········	Н	Check	▶	f the organization	n is not
	Website	•		, (. 		 				ach Schedule B	
			ck only one) - 🗸 501(c)	3) 501(c) () ◀ (insert no.) ☐ 494	7(a)(1) or	527	(Form 99	90, 990)-EZ, or 990-PF)	
	Check ▶		organization is not a sec				receipts are	normally	not mo	ore than \$50,000	. A
	Form 99		990 return is not require								
			e to file a complete retur								
L	Add lines	5b, 6c, and 7t	o, to line 9 to determine gr	oss receipts. If gross	receipts are \$200,000	or more, or	if total asset	s (Part II,			
line	25, colu	ımn (B) below)	are \$500,000 or more, file	Form 990 instead of	f Form 990-EZ				▶ \$		
Ρ	art I	Revenue	e, Expenses, and C	hanges in Net	Assets or Fund I	3alance	s (see the	instruc	tions	for Part I.)	
		Check if	the organization use	d Schedule O to	respond to any qu	estion in	this Part	١		<i>.</i>	. 🗸
	1	Contributio	ns, gifts, grants, and	similar amounts re	eceived				1		56793
	2	Program se	ervice revenue includir	ng government fe	es and contracts				2		0
	3	-	ip dues and assessme						3		0
78	4	Investment	income						4		2108
Ć	± 4 Э 5а	Gross amo	unt from sale of asset	s other than inver	ntory	5a		29194			
•	L L	Less: cost	or other basis and sal	es expenses		5b		33245			
٠	C	Gain or (los	ss) from sale of assets	other than invent	tory (Subtract line 5	o from lin	e 5a)		5c		-4052
دا	6	Gaming an	d fundraising events								
-	a	Gross inco	ome from gaming (attach Schedule	G if greater than	1					
S() A (Revenue)	,	\$15,000) \.				6a		0	ì		
9	ь	Gross inco	me from fundralsing	vents (not includi	ng \$	0 of	contributio	ns			
é	3	from fundr	aising events reported	on line 1) (attac	h Schedule G if the						
<u>ح</u>	3	sum of suc	n gross income and c	antributions exce	eds \$15,000)	6b		0	1		
3	်င	Less: direc	t expenses from gami	ng and fundraisin	g events	6c		0			
(C)	d	Net income	e or (loss) from gami	ng and fundraisin	g events (add lines	6a and	6b and su	btract			
		line 6c) .	1121.	~\		• . • • .			6d		0
	7a	Gross sales	s of inventory, less ret	urns and allowan	ces	7a		0			
	b	Less: cost	of goods sold Use.	·		7b		0			
	C	Gross profi	it or (loss) from sales of	of inventory (Subt	ract line 7b from line	₹7a) .			7c		0
	8		nue (describe in Sche						8		0
	9	Total reve	nue. Add lines 1, 2, 3,	4, 5c, 6d, 7c, and	d8	<u> </u>	<u> </u>	. ▶	9		54849
	10%	Grants and	l similar amounts paid	(list in Schedule	O) (Scholarship	\$ Paid	')		10		11750
	11		aid to or for members						11		0
Se	12		ther compensation, ar						12		0
Expenses	13		al fees and other payr		dent contractors .				13		0
ğ	14		y, rent, utilities, and m						14		0
ú	15	Printing, pu	ublications, postage, a enses (describe in <u>Sch</u>	ind shipping .		, · :		$\langle \cdot \cdot \cdot $	15		0
									16		33515
_	17	Total expe	enses. Add lines 10 the deficit) for the year (S	rough 16	<u> </u>		· · · ·	. 🕨	17		45265
8	18								18		9584
8	19		or fund balances at			•	-				
Net Assets	1	-	r figure reported on p	-					19		177910
Ę	20.		iges in net assets or fi						20		12234
_	21	Net assets	or fund balances at e	nd of vear. Comb	ine lines 18 through	20 .		. 🕨	21	,	199728

Pai	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.)	tion in this	Dort II			
	Check if the organization used ochecule	O to respond to any ques	suom m uns		inning of year		(B) End of year
^^	Onch positions and investments		}	AA DOS	1779100		
22	Cash, savings, and investments		• • • •			23	199728
23	Land and buildings				177910		100729
24	Other assets (describe in Schedule O)		• • •	·		25	199728
25	Total liabilities (describe in Schodulo O)		• • • •			26	0
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(R) must same with line 21	· ·		177910		100728
27				Dort III		21	199728
Par	Check if the organization used Schedule					(Dax	Expenses urred for section
							c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? ibe what was achieved in carrying out the organization	Engineering scholarships;					nizations and section
	rvices provided, the number of persons benefited, and				er, describe		'(a)(1) trusts; optional thers.)
						1010	mers.)
28	aised funds and coordinated local and statewide Ma		ive is to end	ourage) 		
	mathemtics excellence in middle school/jr high scho	ooi students.					
		includes foreign grants, ch				28a	31674
29	Awarded scholarships for college level students in e						
	paid to 7 colleges/universities in Fiscal Year 2010 fo	r 7 students. Objective to end	ourage you	ng peo	ple to		
	pursue degree in engineering.						1
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	<u>· · · </u>	. ▶ ⊔	29a	12750
30							
							_
		includes foreign grants, ch	eck here .	<u> </u>	. ▶ ⊔	30a	0
31	Other program services (describe in Schedule O)						
		includes foreign grants, ch				31a	
	Total program service expenses (add lines 28a					32	44424
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					nstru	ctions for Part IV.)
	Check if the organization used Schedule	(b) Title and average	(c) Compen		(d) Contribution	ne to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not pa	ıid,	employee benefit deferred comper	plans 8	account and
Frie	Eriksen	devoted to position	enter -0)	deterred comper	isauon	other allowances
		Board President, <1		•			
	Tonsgard Court, Juneau, AK 99801			-0-		-0-	-0-
	Swenson	Board Vice President, <1		•		•	
	8 War Admiral Rd, Eagle River, AK 99577			-0-		-0-	-0-
	ael D. Spitz	Board Secretary, <1		•		_	
	West First Ave, Anchorage, AK 99501			-0-		-0-	-0-
	ela Smith	Board Treasurer, <1		•		-0-	
	Victor Road, Anchorage, AK 99515 Fristoe	· · · · · · · · · · · · · · · · · · ·		-0-		-0-	-0-
		Director, <1		•		^	
	ancaster Drive, Fairbanks, AK 99712			-0-	<u> </u>	-0-	-0-
	y Brown	Director, <1		•		_	
	E 145th Ave, Anchorage, AK 99516	 		-0-		-0-	-0-
	een Hansen	Director, <1					
	Wren Drive, Juneau, AK 99801			-0-		-0-	-0-
	d Lanning	Director, <1		_		_	
	Box 470, Ester AK 99725			-0-	ļ	-0-	-0-
	ces Isgrigg	Director, <1		_	ļ	_	
	Box 94, Ester, AK 99701			-0-		-0-	-0-
	Latreille	Director, <1		_		_	_
	Arcturus Circle, Anchorage, AK 99517			-0-	<u></u>	-0-	-0-
	ael Dean	Director, <1				_	
	(elsan Way, Fairbanks, AK 99709			-0-		-0-	-0-
	uita Chmielowski	Director, <1			[
	Box 875082, Wasilla, AK 99687			-0-		-0-	-0-
	hen D. Shrader	Executive Director, 2					
1475	Essay Circle Anchorage AK 99503		1	_0_	I	_^.	

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• •		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. O-Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	ļ		
b	Gross receipts, included on line 9, for public use of club facilities	ļ		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	!	√
41	List the states with which a copy of this return is filed. ▶			
42a	·····	907-56	2-032	0
	Located at ► 1475 Essex Circle, Anchorage, AK 99503 ZIP + 4 ►	99	503	
Đ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	<u>√</u>
	If "Yes," enter the name of the foreign country: ▶		<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1

							Yes	No
45 Is a	any related organization a controlled entity of t	the organization within the	meani	ng of section	n 512(b)(13)?	45		1
a Did	I the organization receive any payment from o	r engage in any transaction	with:	a controlled	entity within the			
	aning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	need	to be comp	leted instead of	1		1
	rm 990-EZ (see instructions)					45a		✓
	the organization engage, directly or indirectly							
to	candidates for public office? If "Yes," comple	te Schedule C, Part I				46		1
Part VI	Section 501(c)(3) organizations and s	ection 4947(a)(1) none	xemp	t charitab	e trusts only. A	ll sec	tion	
	501(c)(3) organizations and section 494	7(a)(1) nonexempt chari	table	trusts must	answer question	ns 47	7-491	b
	and 52, and complete the tables for line	es 50 and 51.			·			
	Check if the organization used Schedule	O to respond to any ques	stion ir	n this Part V	1			
							Yes	No
47 Did	the organization engage in lobbying activities	? if "Yes." complete Sched	dule C	. Part II		47		1
	he organization a school as described in sectio	•			 E	48		7
	I the organization make any transfers to an ex		•			49a		-
	Yes," was the related organization a section 5	-	J-			49b		-
	mplete this table for the organization's five high	•	vees (c	other than o	fficers, directors,		es an	d kev
	ployees) who each received more than \$100,0							
		(b) Title and average		ompensation	(d) Contributions to	(e)	Expen	
(8)	Name and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		count a	
None		devoted to position		· · · · · · ·		Oli ioi	u.o.iiu	
		:						
	· · · · · · · · · · · · · · · · · · ·	•	l		 ,			
]						
			<u> </u>					
· · · · · ·					 · · · . · · · · · · · · · · · 			
		1						
$\overline{}$								
		į						
f Tot	tal number of other employees paid over \$100	000	Ļ			I		
	mplete this table for the organization's five h		nondo	nt contracto	Dre who each rec	aivad	moro	than
	00,000 of compensation from the organization			in contracte	NS WITO GACIT TOO	DIVOG	111010	uiaii
	(a) Name and address of each independent contractor	 	T	(b) Typ	e of service	(c) Cor	npensa	ation
None								

+								
d Tot	tal number of other independent contractors e	ach receiving over \$100,00	00 .	.▶				
52 Did	the organization complete Schedule A? Note	e: All section 501(c)(3) organ	nizatio	ns and 4947	?(a)(1)			
	nexempt charitable trusts must attach a comp					Yes		No
Under penalti	ies of perjury, I declare that I have examined this return, inc	luding accompanying schedules a	ind state	ments, and to	the best of my knowled	lae and	belief.	. it Is
true, correct,	and complete. Declaration of preparer (other than officer)	s based on all information of which	n prepan	er has any knov	vledge.			
					, ,			
Sign	I Sle) X Kus sk				7/3o/z	2011		
Here	Signature of officer			C	Pate / /			
. 1016	Stephen D. Shrader	Exec. Dir						
	Type or print name and title							
Paid	Print/Type preparer's name	2011	T	Date	Check if	PTIN		
Prepare	- I	KS anter	Ţ		self-employed			
Use Onl	Firm's name		-	F	irm's EIN ▶			
USE UIII	Firm's address >	aden UT	_		Phone no.			
May the IF	RS discuss this return with the preparer sh	RS Contergeden UT 84201-002	- -		▶ [Yes		No
		84201-002	′ -		Fo	m 99 (D-EZ	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection Employer identification number

Alas	ka Engineering Edu									63845
Pa	rt I Reason f	or Public Cha	rity Status (All orga	ınization	s must c	omplete	this pa	rt.) See i	nstructio	ons.
The	organization is not	a private founda	ition because it is: (Fo	or lines 1 1	through 1	1, check	only one	box.)		
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(ī).	
2	☐ A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3	☐ A hospital or a	cooperative ho	spital service organiza	ation desc	cribed in	section '	70(b)(1)	(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	hospital's nam	ne, city, and state	e: 							
5		on operated for ()(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described in
6			nment or government	al unit de	scribed in	n section	170(b)(1)/A)(v).		
7	☐ An organization	on that normally	receives a substantia	al part of					nit or from	the general public
8			n section 170(b)(1)(A)	•	nplete Pa	art II.)				
9	_		receives: (1) more that			-	om contri	ibutions.	members	hip fees, and gross
			to its exempt funct							
	• •	•	nt income and unrel				•		n 511 ta	x) from businesses
	acquired by th	e organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Com	olete Par	t III.)		
10	•	_	operated exclusively		•	-			-	
11			nd operated exclusive							
			olicly supported organ							
			describes the type of				•			-
	a D Type		• •	_ Typ		_	_			Type III-Other
е			that the organization							
	or section 509		ers and other than one	e or more	publicly	support	a organ	izations c	iescribed	in section 509(a)(1)
f			a written determination	on from	the IDS t	that it is	a Type	i Two i	l or Two	a III supporting
•	_	check this box .		JA 11 OH 1		illat It IS	a Type	i, iype i	ii, Oi 19P	· · · · ·
g			he organization accep	oted anv	aift or co	ontributio	n from a	nv of the		П
	following pers			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		.,	,		
	(i) A person v	who directly or i	ndirectly controls, eiti	her alone	or toget	her with	persons	described	d in (ii) ar	nd Yes No
	(iii) below,	the governing bo	ody of the supported	organizat	ion?					11g(i)
	(iii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)
h	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					<u> </u>
(1)	Name of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section		sted in your document?	col. (ii)	nization in of your		tion in col. zed in the	support
			(see instructions))			sup	port?	U.	S.?	
				Yes	No	Yes	No	Yes	No	···
(A)							1			
				<u> </u>	ļ	ļ	! 	<u> </u>	ļ	
(B)										
		 		 				<u> </u>	 	
(C)		!								
(D)										
(E)				,						<u> </u>
				 		 		 	<u> </u>	
Tota	I					1	1	1		

•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2000	(b) 2007	(0) 2008	(a) 2009	(6) 2010	(i) Total
	membership fees received. (Do not			1			/
	include any "unusual grants.")			1			
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf			1			
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a	:	_				
	governmental unit or publicly	;					
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		ľ				
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		L		······	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,]			
	rents, royalties and income from similar						
_	sources						
9	Net income from unrelated business					1	
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or			-			
10	loss from the sale of capital assets			İ			
	(Explain in Part IV.)			<u> </u>			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						· · > 🗆
	on C. Computation of Public Suppor					T 44 T	
14	Public support percentage for 2010 (line 6		-			14	<u>%</u>
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organize					15 m% or more c	%
	box and stop here. The organization qual			•			_
b	331/3% support test-2009. If the organ	•		•			ليسا
	check this box and stop here. The organi						. ▶ □
17a	10%-facts-and-circumstances test 20	10. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b. and	
	10% or more, and if the organization mee	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here. E	Explain in
	Part IV how the organization meets the "fa	acts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly s	upported
	organization						· > 🗀
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m supported organization				ne organizatio	n qualifies as a	
18	Private foundation. If the organization did		 hov on line 13			 k this hav and	
.0	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,875	41,995	52,604	40,070	56,793	247,337	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	o	0	0	0	0	0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	o	0	0	
6	Total. Add lines 1 through 5	55,875	41,995	52,604	40,070	56,793	247,337	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
C	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6.)						247,337	
Secti	on B. Total Support			·				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9	Amounts from line 6	55,875	41,995	52,604	40,070	56,793	247,337	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	4671	7437	3699	200	2108	18,115	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0	
C	Add lines 10a and 10b	4671	7437	3699	200	2108	18,115	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12.)	60,546	49,432	56,303	40,270	58,901	265,452	
14	·							
Secti	on C. Computation of Public Suppor	t Percentage	e					
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	93 %	
16	Public support percentage from 2009 Sch	nedule A, Part	III, line 15			16	92 %	
Secti	ection D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	7 %	
18	Investment income percentage from 2009					18	8 %	
19a	331/3% support tests-2010. If the organ							
	17 is not more than 331/3%, check this box							
b	331/3% support tests—2009. If the organize line 18 is not more than 331/3%, check this is							
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲	

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Alaska Engineering Education Foundation

Employer identification number 92-0163845

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990 Part I, Line 10: Scholarships Paid in Fiscal Year, 4/1/2010-3/31/2011 (College or University Paid to/Recipient/Amount Scholarship Paid)
Washington State University/Summer Holt/\$1000; Harvard University/Max R Shayer/\$4000; Santa Clara University/Melissa Crapps/\$1000;
Missouri Univ of Science & Tech/Jake D. Jeffryes/\$500; Rensselaer Polytechnic Univ/Tyler D. Denman/\$2000;
University of Alaska Fairbanks/Evan Venechuk/\$2500; Washington Univ in St Louis/Samuel Bornstein/\$750. TOTAL EXPENSE \$11,750.
990 Part I, Line 16: Other Expenses Paid in Fiscal Year, 4/1/2010-3/31/2011 (Expense Category; Amount)
MATHCOUNTS Program Expenses \$31,674; Director Travel, \$238; Brokerage Fees, \$914; Fidelity Bond, \$300;
Office Supplies \$89; Website Maintenance, \$300: TOTAL EXPENSE \$33,515.
990 Part I, Line 20: Other Changes in Net Assets in Fiscal Year, 4/1/2010-3/31/2011
NET ASSETS AT BEGINNING OF YEAR \$177,910
TOTAL REVENUE FOR 2010 54,849
TOTAL EXPENSES FOR 2010 (45,265)
NET ASSETS AT END OF YEAR 199,728
UNREALIZED GAIN (LOSSES) ON INVESTMENTS \$12,234.

Schedule O (Form 990 or 990-EZ) (2010)		Page 2
Name of the organization	Employer identification number	,
Alaska Engineering Education Foundation	92-0163845	
(Not Used)		

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Schedule O (Form 990 or 990-EZ) (2010)

FORM 990 EZ 2010

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

SCHEDULE - PART 1 LINE 10

SCHOLARSHIPS PAID IN FISCAL YEAR 4/01/2010-3/31/2011							
Paid To	Scholarship Recipient	Amount Paid					
Washington State University	Summer Holt	\$1000					
Harvard University	Max R Shayer	4000					
Santa Clara University	Melissa Crapps	1000					
Missouri Univ of Science & Tech	Jake D. Jeffryes	500					
Rensselaer Polytechnic Univ	Tyler D. Denman	2000					
University of Alaska Fairbanks	Evan Venechuk	2500					
Washington Univ in St Louis	Samuel Bornstein	750					
TOTAI	L AMOUNT PAID	\$11,750					

FORM 990 EZ 2010

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

PART 1 LINE 16

OTHER EXPENSES	
Expense	Amount
MATHCOUNTS Program Expenses	\$31,674
Director Travel	238
Brokerage Fees	914
Post Office Box Rental	0
Fidelity Bond	\$300
Office Supplies	89
Website Maintenance	300
TOTAL EXPENSE	\$33,515

FORM 990 EZ 2010

ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

SCHEDULE - PART 1 LINE 20

NET ASSETS AT BEGINNING OF YEAR	\$177,910
TOTAL REVENUE FOR 2010	54,849
TOTAL EXPENSES FOR 2010	45,265
NET ASSETS AT END OF YEAR	199,728
UNREALIZED GAIN (LOSSES) ON INVESTMENTS	\$12,234