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### Form 990-EZ

### Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

inte	mar Kever	nue Service	► The organization may have to	use a copy of this return to	satisfy state	eporting requir	rements.				
A	For the	2012 calenda	ar year, or tax year beginning	April 1	, 2012,	and ending	M	arch 3	1 ,	20	13
В	Check if ap	oplicable	C Name of organization				D Empl	oyer id	entification nu	ımber	
	Address c	hange	Alaska Engineering Education Fo	undation				9:	2-0163845		
	Name cha	nge	Number and street (or P O box, if mail is		ess)	Room/suite	E Telep				
	Initial retui		1475 Essex Circle					an	7-562-0320		
닏	Terminate		City or town, state or country, and ZIP +	4		<u>-</u>	F Grou				
H	Amended							ıber ▶	•		
ᆜ	Applicatio		Anchorage, AK 99503	4 > 5		1					
		ting Method:	✓ Cash	specify) >					f the organiz		s <b>not</b>
	Websit -								ach Schedule		
J	Гах-ехеп	npt status (che	eck only one) = 🗸 501(c)(3) 🔲 501(	c) ( ) ◀ (insert no.) 🗌	4947(a)(1) or	<u> </u>	(Form 9	90, 990	0-EZ, or 990-	PF).	
K	Check >	► ∐ if the	e organization is not a section 509(a)(3	<ul><li>supporting organization</li></ul>	or a section	527 organizatio	on <b>and</b> it	s gross	s receipts are	nom	ally
	not more	e than \$50,00	0 A Form 990-EZ or Form 990 return	is not required though F	om 990-N (e	-postcard) ma	ıy be req	uired (	see instruction	ons). E	3ut if
	the orga	inization choo	ses to file a return, be sure to file a c	omplete return.							
L	Add lines	5 5b, 6c, and 7	b, to line 9 to determine gross receipts	If gross receipts are \$200,	000 or more,	or if total assets	s (Part II,				
	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990	instead of Form 990-EZ				<b>▶</b> \$			
	Part I	Revenu	e, Expenses, and Changes i	n Net Assets or Fu	nd Balanc	es (see the	instruc	ctions	for Part I)		
			the organization used Schedul			•			-		
_	1		ons, gifts, grants, and similar amo					1	<del> </del>		9,470
	2		ervice revenue including governn					2			-0-
	3	_	ip dues and assessments					3			
	4	Investment	•					4	<del> </del>	<del></del>	-0-
	1 .							-			3,899
	5a		ount from sale of assets other tha	•	<del> </del>		54,677	İ			
	þ		or other basis and sales expense		. <u>5b</u>	L	48,176	_ 1			
	C		ss) from sale of assets other than	inventory (Subtract lin	ne 5b from I	ine 5a)		5c			<u>6521</u>
ĺ	6	6 Gaming and fundraising events									
) a	а		ome from gaming (attach Sch	nedule G if greater	than	1					
Revenue	ij	\$15,000)			- <u>6a</u>		-0-				
ē	b	Gross inco	me from fundraising events (not	including \$	_ <b></b> o	f contribution	าร				
æ		from fundr	aising events reported on line 1	(attach Schedule G i	f the						
		sum of suc	ch gross income and contribution	s exceeds \$15,000) .	- 6b		-0-				
	С	Less: direc	t expenses from gaming and fun	draising events	. 6с		-0-				
	d		e or (loss) from gaming and fur		ines 6a and	d 6b and sul	btract				
	1	line 6c) .						6d			-0-
	7a	Gross sale	s of inventory, less returns and a	llowances	.   7a	1	-0-				
	b		el geods-spld/		. 7b		-0-	, ,			
	c		it or (loss) from sales of inventor	(Subtract line 7h from				7c			-0-
	8		nue (describe in Scheduje O) .					8			
	9		nue (describe in scheduje 0) . nue: Ada lines (1,12, 3, 40,5c, 6d,					9		<del></del>	-0-
_							·-				9,890
	10		similar amounts paid (ist in Sch					10	-	1	<u>3,250</u>
	11	Benefits pa	aid to or for members					11			<u>-0-</u>
es Se	12	Salaries, o	the compensation, and employe	e benefits				12			-0-
Ĕ	13		al fees and other payments to in					13			<u>-0-</u>
Expenses	. 14		y, rent, utilities, and maintenance					14		<del></del> .	<u>-0-</u>
ú	1 .0		ublications, postage, and shippin					15			-0-
	16		enses (describe in Schedule O)					16		3	5,879
	17	Total expe	enses. Add lines 10 through 16	<u></u>	<u></u> .	<u> </u>	<u>.</u> ▶	17		4	8,829
	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)				18			1061
jet	19	Net assets	or fund balances at beginning	of year (from line 27,	column (A)	(must agree	e with				
SS		end-of-yea	r figure reported on prior year's	return)				19		22	3,024
Net Assets	20		nges in net assets or fund balanc					20			7,245)
ž	21		or fund balances at end of year.	• •	•			21			6,840
	1		valarious at ona or year.	COLUMN TO THE STATE OF THE STAT			• -	•			<u> </u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)



Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	y question in this	Part II		<u> </u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		[	223,024	22	216,840
23	Land and buildings		[	-0-	23	-0-
24	Other assets (describe in Schedule O)				24	-0-
25	Total assets		[	223,024	25	216,840
26	Total liabilities (describe in Schedule O)		[	-0-	26	-0-
27	Net assets or fund balances (line 27 of column	<del></del>	<del></del>	223,024	27	216,840
Par	t III Statement of Program Service Accom	•		•		Expenses
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🔲	(Red	quired for section
Wha	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	fits three largest poservices provided	rogram services, I, the number of	494	anizations and section 7(a)(1) trusts; optional others)
28	Raised funds for and coordinated local and statewide	<del></del>	ition whose objection	e is to		
	encourage mathmatics ex ellance in middle school/ju			76 13 10		
	encodinge matimiaues ex enance in middle schoolige	inor ingri school stat	JG11L3.			
	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	• П	282	33,680
29	Awarded scholarships for college-level students in e	<del></del>	<del> </del>			
	paid to colleges/universities n Fiscal Year 2012 for					
	of engineering degrees.	stationas. Object.	io to constitution but			
	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	▶ 🗆	298	13,250
30						1.0,200
				*******		
					İ	
	(Grants \$ ) If this amount	includes foreign gra	nts, check here	▶ □	30a	-0-
31	Other program services (describe in Schedule O)			· · · ·		
		includes foreign gra	nts, check here .	▶ 🗆	318	-0-
32	Total program service expenses (add lines 28a t	hrough 31a)			32	46,930
Par	t IV List of Officers, Directors, Trustees, and Key	Employees List each	one even if not com	pensated (see the in	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		<u> 🗆</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
Mich	ael Dean				7	
115 )	Kelsan Way, Fairbanks, AK 99709	Board President, <1	-0-		0-	-0-
Briar	n Dow					
800 F	F Street, Anchorage, AK 99501	Board Vice Pres, <1	-0-		0-	-0-
Kevi	n Ross		- · · · ·			
2515	A Street, Anchorage, AK 99503	Board Secretary, <1	-0-	.	0-	-0-
Ange	ela Smith				1	
<u>0525</u>	Victor Road, Anchorage, AK 99515	Board Treasurer, <1	-0-	<u> </u>	0-	-0-
Brad	Fristoe					
719 L	ancaster Drive, Fairbanks, AK 99712	Director, <1	-0		0-	-0-
John	n Pekar		}	-		
750 V	W. Dimond Blvd, Ste 203, Anchorage, AK 99515	Director, <1	-0-	-	0-	-0-
Maur	reen Hansen	,			- 1	
<u>4915</u>	Wren Drive, Juneau, AK 99801	Director, <1	-0	-	0-	-0-
LaQu	uita Chmielowski					
<u>PO. I</u>	Box 875082, Wasilla, AK 99687	Director, <1	-0-	•	0-	-0-
_	DOX 073002, 17031110, AR 83007				1	
Greg	Latreille					
		Director, <1	-0		0-	-0-
3401	Latreille	Director, <1	-0.		0-	-0-
3401 Gerr	Latreille Arcturus Circle, Anchorage, AK 99517	Director, <1	-0		0- 0-	-0-
3401 Gerr 4300	Latreille Arcturus Circle, Anchorage, AK 99517 y Brown					
3401 Gerr 4300 Step	Latreille Arcturus Circle, Anchorage, AK 99517 y Brown E. 145th Avenue, Anchorage, AK 99516	Director, <1				
3401 Gerr 4300 Step	Latreille Arcturus Circle, Anchorage, AK 99517 y Brown E. 145th Avenue, Anchorage, AK 99516 hen D. Shrader	Director, <1 Executive	-0		0-	-0-

Part	· · · · · · · · · · · · · · · · · · ·			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	. L
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
	detailed description of each activity in Schedule O	33		✓
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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -			-
b	Did the organization file Form 1120-POL for this year?	37b		✓_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		,
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>✓</b>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	ŀ	1	
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	40ь		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	105		
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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶	<del></del>		1
	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 the U.S.?	42c		<u> </u>
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		1	Υ
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a		1
	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
_	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
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	44.		,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<del>                                      </del>	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100	<del>                                     </del>	•
- <del>-</del>	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (2	2012)							Page 4
			- · · <del>- i</del>					Yes	No
46		he organization engage, directly or in							
	to ca	indidates for public office? If "Yes," of		, Part I			46		<b>✓</b>
Part	VI	Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	l 52, and (	complete the	tables	for lin	es
		50 and 51							
		Check if the organization used Sci	hedule O to respond	I to any question in	this Part \	/1			. 🗆
								Yes	No
47		the organization engage in lobbying		section 501(h) electi	on in effec	t during the	tax		
	year	? If "Yes," complete Schedule C, Par	tll				. 47		✓
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule	E	. 48		1
49a		he organization make any transfers t					. 49a		1
b		es," was the related organization a se					. 49b		m
50		plete this table for the organization's					ors, trust	ees an	d key
		oyees) who each received more than							
	:.	· · · · · · · · · · · · · · · · · · ·	(b) Average	T		Jth benefits,	<del>·</del>	-	
-	- (a)	Name and title of each employee paid more than \$100,000	hours per week	(c) Reportable compensation		ns to employee	(e) Estimat		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC	3 1	pensation	other co	npensa	tion
	<del>.</del> .				+	· · · ·			
				1					
		· · · · · · · · · · · · · · · · · · ·		-	<u> </u>				
					<del></del>				
<b></b>									
			<u> </u>		+ .				
			<u> </u>		_				
	<del></del>		A400.000	l	_1				
f		number of other employees paid ov			<del></del>				
51	\$100	plete this table for the organization ,000 of compensation from the orga	s five nignest compe	ensated independen one enter "None"	t contracto	ors who each	received	more	e tnan
	Ψ100	,000 of compensation from the orga	IIIZALIOTI. II LITETE IS TIC	lie, enter None.					
(a)	Name a	and address of each independent contractor pa	ud more than \$100,000	(b) Type of se	rvice	(c)	Compensat	tion	
				<u> </u>					
				-					
			<del></del>			<del>-  </del>			
				-{					
				4					
						<del> </del>			
				-		i			
						<del>-</del>			
						1			
	<b>-</b>			4400.000					
		number of other independent contra	•	•	.▶		<del> </del>		
52		he organization complete Schedule			ns and 494				
	none	exempt charitable trusts must attach	a completed Schedul	<u>ea</u>	<u>· · · · · </u>	· · · · · ·	► ✓ Ye	<u>s                                    </u>	No
		s of perjury, I declare that I have examined this is					owledge an	d belief	, it is
	mect, ai	nd complete Declaration of preparer (other than	9-	mation of which prepare	mas any kno	wiedge			
01		1 Kk Klued	4			6/	27/2	<b>M</b>	<u> </u>
Sign		Signature of officer	/ -	_	1	Oate •	•		
Here	- 1	Stephen D. Shra	oder, Exec.	Dir					
		▼ Type or print name and title	- ·						
Paid		Print/Type preparer's name	Preparer's signature	1	Date	Check	ıf PTIN		
Prep		M/A	1			self-employ			
Use		Firm's name ▶				Firm's EIN ▶			
	Jy	Firm's address ▶				Phone no			
May ti	he IRS	discuss this return with the prepare	r shown above? See	instructions		<u> </u>	► ☐ Ye	s 🗌	No

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

2012

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number Alaska Engineering Education Foundation 92-0163845 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II d Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support col (i) of your (i) organized in the US? governing document? above or IRC section support (see instructions)) Yes No Yes Yes (A) Not Applicable (N/A) (B) (C) N/A (D) N/A (E) Total

Part							
•	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	on A. Public Support	1 2		, -			· · · · · · · · · · · · · · · · · · ·
	idar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						N/A
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						N/A
3	The value of services or facilities furnished by a governmental unit to the organization without charge						N/A
4	Total. Add lines 1 through 3						N/A
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)		_	-			N/A
6	Public support. Subtract line 5 from line 4.	<u> </u>			<u> </u>		N/A
	on B. Total Support				<b></b>	1	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					<b>.</b>	N/A
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		:			·	N/A
9	Net income from unrelated business activities, whether or not the business is regularly carried on						N/A
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						N/A
11	Total support. Add lines 7 through 10						N/A
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ne organization <b>re</b>	n's first, secon		n, or fifth tax y		
Secti	on C. Computation of Public Suppor						· · · · · · · · · · · · · · · · · · ·
14 15 16a	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch 331/2/8 support test—2012. If the organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33¹		
b	331/2% support test—2011. If the organicheck this box and stop here. The organic					e 15 is 331/3% · · · ·	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization mesupported organization	tion meets the	facts-and-ci	ircumstances" tances" test. T	test, check th	his box and so	a, and line top here. a publicly
18	Private foundation. If the organization di instructions	d not check a			a, or 17b, chec	k this box and	··· ► □ Isee ··· ► □

#### 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.)

Secti	on A. Public Support	<del></del>			<u></u>	<del>-/</del>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		(12) 11 11 11	- (- <i>f</i> = - :	(37 33 1		
	received. (Do not include any "unusual grants.")	52604	40070	56793	56341	39,470	245,278
2	Gross receipts from admissions, merchandise	<u> </u>	40070	30733	30341	00,470	240,270
	sold or services performed, or facilities					ļ	
	furnished in any activity that is related to the organization's tax-exempt purpose	-0-	-0-	-0-	-0-	-0-	-0-
3	Gross receipts from activities that are not an				-0-	-0-	<del></del>
-	unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4	Tax revenues levied for the					305	<del></del>
•	organization's benefit and either paid			ĺ	Ì		
	to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5	The value of services or facilities						<del></del>
•	furnished by a governmental unit to the						
	organization without charge	-0-	-0-	-0-	-0-	-0-	.0.
6	Total. Add lines 1 through 5	52604	40070	56793	56341	39,470	245,278
	Amounts included on lines 1, 2, and 3	32,004	40070	30733	30341	39,470	243,276
	received from disqualified persons .	-0-	-0-	-0-	-0-	-0-	-0-
ь	Amounts included on lines 2 and 3		~				<del></del>
D	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-
С	Add lines 7a and 7b	-0-	-0-	-0-	-0-	-0-	-0-
8	Public support (Subtract line 7c from					-0-	-0-
_	line 6.)						245,278
Secti	on B. Total Support						243,210
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	52604	40070	56793	56341	39,470	245,278
10a	Gross income from interest, dividends,	32004	40070	30733	30341	33,473	240,210
	payments received on securities loans, rents,						
	royalties and income from similar sources .	3699	200	2108	2022	3899	11,928
b	Unrelated business taxable income (less	- 5555					11/020
	section 511 taxes) from businesses					j	
	acquired after June 30, 1975	-0-	-o-	-0-	-0-	-0-	-0-
С	Add lines 10a and 10b	3699	200	2108	2022	3899	11,928
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						<del>-</del> -
	loss from the sale of capital assets						
	(Explain in Part IV.)	-0-	-a-	-0-	-0-	-0-	-0-
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	56,303	40,270	58,901	58,363	43,369	257,206
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re				<u>.</u>	▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	<del></del>				
15	Public support percentage for 2012 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	95 %
16	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .			16	94 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2012 (	line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	5 %
18	Investment income percentage from 2011					18	6 %
19a	331/3% support tests-2012. If the organ						6, and line
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	publicly suppo	orted organizati	on . 🟲 🔽
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this i						_
20	Private foundation If the organization de	d not check a f	nov on line 14	10a or 10h o	heck this hov	and see instru	ctions 🕨 🗆

cnequie A (r	orm 990 or 990-EZ) 2012	Page 🕶
Part IV	<b>Supplemental Information.</b> 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).	
Not Used)		
		· • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Alaska Engineering Education Foundation	92-0163845					
990 Part I, Line 10: Scholarships Paid in Fiscal Year, 4/1/2012-3/31/2013 (College or University Paid to/R						
Cornell University/Colin Zheng/\$1000; Washington State University/ Lauren Summers/\$2000;	Cornell University/Colin Zheng/\$1000; Washington State University/ Lauren Summers/\$2000;					
The University of Arizona/Trevor Woodhouse/\$2000; Northwestern University/Jacob Leguinesche/\$250	0;					
University of Wyoming/Christian McWorkman/\$1000; University of Washington/lan Andrews/\$750; University of Washi	versity of Michigan/Allison Ward/\$2000;					
University of AlaskaFairbanks/Connor Mattson/\$2000.						
990 Part I, Line 16: Other Expenses Paid in Fiscal Year, 4/1/2012-3/31/2013 ((Expense Category; Amoun	9					
MATHCOUNTS Program Expenses, \$33,680; Brokerage Fees, \$1049; Director Travel, \$360; Fees, \$490;	Fidelity Bond, \$300;					
Office Supplies, -0-; Website Maintenance, \$-0-;. TOTAL EXPENSE \$35,879.						
990 Part I, Line 20: Other Changes in Net in Fiscal Year, 4/1/2012-3/31/2013						
NET ASSESTS AT BEGINNING OF 2012: \$223,024						
TOTAL REVENUE FOR 2012: 49,890						
TOTAL EXPENSES FOR 2012: 48,829						
NET ASSETS AT END OF 2012: \$216,840						
UNREALIZED GAIN (LOSSES) ON INVESTMENTS: (\$7245)						

scriedule O (Form 990 or 990-EZ) (2012)	Page Z
Name of the organization  Alaska Engineering Education Foundation	Employer identification number
Alaska Engineering Education Foundation	92-0163845
(Not Used)	
······································	
	••••••

# · FORM 990 EZ 2012

# ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

#### Form **990-EZ – PART 1 LINE 10**

SCHOLARSHIPS PAID, Fiscal	3			
Paid To	Scholarship Recipient	Amount Paid		
Cornell University	Colin Zheng	\$1000		
Washington State University	Lauren Summers	2000		
The University of Arizona	Trevor Woodhouse	2000		
Northwestern University	Jacob Leguinesche	2500		
University of Wyoming	Christian McWorkman	1000		
University of Washington	lan Andrews	750		
University of Michigan	Allison Ward	2000		
University of Alaska-Fairbanks	Connor Mattson	2000		
TOTAL AMOUNT PAID \$13				

### · FORM 990 EZ 2012

# ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

Form **990-EZ** - PART 1 LINE 16

OTHER EXPENSES, Fiscal Year 4/01/2012-3/31/2013				
Expense	Amount			
MATHCOUNTS Program Expenses	\$33,680			
Brokerage Fees	1,049			
Director Travel	360			
Fees	490			
Fidelity Bond	300			
Office Supplies	-0-			
Website Maintenance	-0-			
Misc	-0-			
TOTAL EXPENSE	\$35,879			

# · FORM 990 EZ 2012

### ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

Form **990-EZ** – PART 1 LINE 20

NET ASSETS AT BEGINNING Fiscal Year 4/01/2012-3/31/201	13 \$223,024
TOTAL REVENUE FOR 2012	49,890
TOTAL EXPENSES FOR 2012	48,829
NET ASSETS AT END OF YEAR	\$216,840
UNREALIZED GAIN (LOSSES) ON INVESTMENTS	(\$7,245)

# • FORM 990EZ 2012 tax-year

### ALASKA ENGINEERING EDUCATION FOUNDATION EIN 92-0163845

Attachment to: Form 990-EZ, PART IV

2012/2013 Board of Directors

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Michael Dean 115 Kelsan Way Fairbanks, AK 99709	President, <1	0	0	0
Brian Dow 800 F Street Anchorage, AK 99501	Vice- President, <1	0	0	0
Kevin Ross 2515 A Street Anchorage, AK 99503	Secretary, <1	0	0	0
Angela Smith 9525 Victor Road Anchorage 99515	Treasurer, <1	0	0	0
Brad Fristoe 719 Lancaster Dr. Fairbanks, AK 99712	Director, <1	0	0	0
John Pekar 750 W Dimond Blvd,Ste203 Anchorage, AK 99516	Director, <1	0	0	0
Maureen Hansen 4915 Wren Drive Juneau, AK 99801	Director, <1	0	0	0
LaQuita Chmielowski 809 S. Chugach, Unit 4 Palmer, AK 99645	Director, <1	0	0	0
Greg Latreille 3401 Arcturus Circle Anchorage, AK 99517	Director, <1	0	0	0
Gerry Brown 4300 E. 145 <sup>th</sup> Ave Anchorage, AK 99516	Director, <1	0	0	0
Stephen D. Shrader 1475 Essex Circle Anchorage, AK 99503	Executive Director, 2-4	0	0	0
		0	0	0
		0	0	0