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SCANNED SEP 11

Form **990-EZ**

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

▶ Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Internal Revenue Service

Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning April 1 2014, and ending March 31 , 20 15 B Check if applicable C Name of organization D Employer identification number Address change 92-0163845 Alaska Engineering Education Foundation Room/suite Name change E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return 907-947-6855 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Anchorage, AK 99507-6745 Application pending G Accounting Method H Check ► if the organization is not I Website: ▶ alaskaeef.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) (K Form of organization

✓ Corporation Other ☐ Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received 1 82711 2 2 Program service revenue including government fees and contracts -0-3 3 -0-4 Investment income 8762 5a Gross amount from sale of assets other than inventory . Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . -0-Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract -0-Gross sales of inventory, less returns and allowances 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -0-C 8. 8 Other revenue (describe in Schedule O) -0-9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 91473 Grants and similar amounts paid (list in Schedule O) 10 10 20250 1112 11 Benefits paid to or for members . . . -0-12 12 Salaries, other compensation, and employee benefits -0-13 13 Professional fees and other payments to independent contractors . -0-14 14 -0-15 Printing, publications, postage, and shipping . . . -0-Other expenses (describe in Schedule O) . . . 16 30713 17 Total expenses. Add lines 10 through 16 . 17 50963 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 40510 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 234825 Other changes in net assets or fund balances (explain in Schedule O) 20 20 (15877)

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No 10642I

Form 990-EZ (2014)

259459

Pa	Balance Sheets (see the instructions t			_		
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u></u>
	On the second of the sector and		-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			264325	_	303709
23 24	Land and buildings				23	-0-
25	Total assets				25	<u>-0-</u> 303709
26	Total liabilities (describe in Schedule O)				26	(44250)
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)		27	259459
Par				Part III)		233400
	Check if the organization used Schedule	· ·		,		Expenses
Wha	t is the organization's primary exempt purpose?				,	quired for section (c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided	, the number of		anizations, optional for
28	Raised funds and coordinated state and local Mathoo Mathoounts is a nationally recognized math competit		school students.		•	
			ants, check here .		28a	26606
29	Raised funds and awarded scholarships to students			<u>· · · · · · · · · · · · · · · · · · · </u>		20000
	All awardees are enrolled in engineering or related pr		·			
	12 scholarships were paid in 2014.					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29a	20250
30	·					T
	***************************************					1
						}
		includes foreign gra		<u> ▶ ⊔</u>	30a	-0-
31	Other program services (describe in Schedule O)					_
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra		··· · <u> </u>	31a	+
	t IV List of Officers, Directors, Trustees, and Key					10000
ı aı	Check if the organization used Schedule				istru	
	Ondown the organization accessoration	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0	Estimated amount of other compensation
Darre	ell Weatherall					
Pres	ident	1	-0-		0-	-0-
John	Pekar				-	
<u>Vice</u>	President	1	-0-	ļ	0-	
Ange	ela Smith			ĺ	ĺ	
	etary	1	-0-	-	D-	-0-
Soo					_ [_
	Surer		-0-	 -	0-	0-
	Fristoe d Member	1	-o-		0-	-0-
	reen Hansen		-0-			
	d Member	1	-0-		₀₋	-0-
	y Brown		<u>_</u>			<u>-</u>
	d Member, Scholarship Chair	1	-0-	[o-	-0-
	uta Chemielowski				\top	
Boar	d Member, Mathcounts Director	1	-0-		o- 📒	-0-
Greg	ory Latreille				\top	
Boar	d Member	1	-0-	-!	<u> </u>	-0-
Jean	ne Bowie					
	d Member	1	-0-	ļ	<u>)- </u>	-0-
	k Wuttig					
	d Member	1	-0-		<u>)- </u>	-0-
	rah Allen		_			-
HADO.	d Member Executive Director	6.0	. ^		n I	_n_

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	110 ✓
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		1
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		1
c	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 -0-			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
		38a		/
30 p	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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), 501(c)(4), and 501(c)(29) 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		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Alaska			
42a		07-94		
h	Located at ▶ 9641 Grover Drive, Anchorage, AK ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	99507	-6/45 Yes	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	VO ✓
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside 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		.	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be.		Yes	No
444	completed instead of Form 990-EZ	44a		1
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		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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

							-	\$	Yes	No
46	Did ti	he organization engage, directly or in ndidates for public office? If "Yes," o	idirectly, in political c	ampaign activities of	n behalf of o	r in opposit	tion			
		Section 501(c)(3) organizations		, Parti	· · · · ·			46		✓
Part V		All section 501(c)(3) organizations		stions 47–49h and	52 and co	mnlete th	a tahl	loe fr	ar line	00
		50 and 51.	o made anomor que	otiono in inob and	oz, and oc	inpicte tir	Clabi	03 10	<i>)</i>	CS
	Check if the organization used Schedule O to respond to any question in this Part VI									
							<u> </u>	Ť	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax										
year? If "Yes," complete Schedule C, Part II							.	47		✓
		organization a school as described in				•	. [48		√
		ne organization make any transfers to			izatıon? .		'.	49a		✓_
		es," was the related organization a se						49b		<u> </u>
		plete this table for the organization's								
	empi	oyees) who each received more than	\$100,000 or comper	sation from the orga	(d) Health		e, ente	3r "NO	one.	
	(a)	Name and title of each employee ,	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions	to employee and deferred		timated er comp		
None							•			
					ł					
f	Total	number of other employees paid over	er \$100,000	. •						
51	Com	plete this table for the organization'	s five highest compe		contractors	who each	recei	ived	more	than
	<u>\$100</u>	,000 of compensation from the orga	nization. If there is no	ne, enter "None."		· <u> </u>				
	(a)	Name and business address of each independ	ent contractor	(b) Type of ser	vice	(c)	Compe	ensatio	n	
None										
										
						.				
		number of other independent contra	•	•						
		the organization complete Schedu pleted Schedule A	le A? Note . All se	ction 501(c)(3) orga	inizations n	nust attach	. —	V		
			oturn uncluding accompany	ung sebadulas and statem		boot of my lea		Yes		do_
		of perjury, I declare that I have examined this rid d complete/ Declaration of prepa/er (other/than					iowieag	e ang i	bellet,	IT IS
		11.1.	Y11/1/2 -			20/12	1/2	110		
Sign		purchas and .	NULT		Dat	10/10	/X	ナレ	>-	
Here		Deborah S. Allen, AEEF Executive	Director			/ /				
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf P	ŤIN		
Prepa	rer	· · · · · · · · · · · · · · · · · · ·				self-employ	yed			
Use O		Firm's name ►			Firm	n's EIN ▶				
		Firm's address ►	-h		Pho	ne no				
iviav tne	CMI :	discuss this return with the preparer	SHOWIT ADOVE! See I	HSTRUCTIONS			▶ □	Y AG	1 I N	40

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.

section 20**14**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization						Employer identification	n number		
	a Engineering Education Foundatio					92-0163845			
Pai						· · · · · · · · · · · · · · · · · · ·	ons.		
_	organization is not a private found		, ,		•	•			
1	☐ A church, convention of church ☐ A school described in section			ibea in se	ection 17	U(D)(1)(A)(I).			
2 3	_		•	in coetic	- 470/b\/:	(\/A\/:::\			
4	☐ A hospital or a cooperative ho☐ A medical research organization						(iii) Enter the		
7	hospital's name, city, and stat		onjunction with a nos	pital desc	inbed in a	Section Tro(D)(T)(A)	(iii). Litter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	al unit described in		
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7									
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from con	tributions, members	ship fees, and gross		
	receipts from activities related								
	support from gross investme	ent income and	unrelated business	taxable i	ncome (I	ess section 511 ta	x) from businesses		
	acquired by the organization a				-				
10	An organization organized and								
11	An organization organized and one or more publicly supported								
	the box in lines 11a through 11								
а	☐ Type I. A supporting organiz			_		· · · · · · ·	•		
_	the supported organization(sorganization. You must con	s) the power to re	egularly appoint or ele						
b				nection w	ıth ıts su	pported organization	n(s), by having		
	control or management of th								
	organization(s). You must co	omplete Part IV	, Sections A and C.			·			
С	Type III functionally integra its supported organization(s)						y integrated with,		
d	☐ Type III non-functionally in	tegrated . A supp	porting organization o	perated i	n connec	tion with its support	ted organization(s)		
	that is not functionally integr	_	_ •	-		•	an attentiveness		
	requirement (see instructions		-		-				
е	Check this box if the organiz						I, Type III		
	functionally integrated, or Ty		onally integrated supp	orting or	ganizatio	n.			
t g	Enter the number of supported or Provide the following information	-					· L		
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
	th Name of Supported organization	(1) 2.11	(described on lines 1-9	listed in you	ur governing		other support (see		
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)		
			(000011 001.01.0))	Yes	No				
(A)									
·—						_			
(B)									
(C)									
(D)									
						<u>-</u>			
(E)									

Par	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	alify under
_	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	, ,
	ion A. Public Support	T					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		•				
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the					 	
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1 through 3						
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)						1
6	Public support. Subtract line 5 from line 4.						1
	on B. Total Support			•		,	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	ļ. <u> </u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,					;
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the				•		
	organization, check this box and stop her		 <u>.</u>	· · · · ·	<u> </u>	<u></u>	· · > 🗖
	on C. Computation of Public Suppor					T = 1	
14 15	Public support percentage for 2014 (line 6					14	<u>%</u>
16a	Public support percentage from 2013 Sch 33 ¹ /3% support test—2014. If the organiz	ration did not (II, IITE 14 .		 Huna 14 is 331	15	hook this
	box and stop here. The organization qual	ifies as a publi	icly supported	organization			
b	331/3% support test—2013. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	014. If the orga	inization did no and-circumstai	ot check a box nces" test, che	on line 13, 16 eck this box ar	d stop here. E	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization more properties organization more properties organization.	ion meets the eets the "facts	facts-and-cır: and-circumst-	rcumstances" ances" test. Tl	test, check th	is box and st e	op here.
18	supported organization						. • 📮
10	Private foundation. If the organization did 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011_	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				i		
	received (Do not include any "unusual grants.")	56793	56341	39470	73420	82711	308735
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	-0-	-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 -	-0-	-0-	-0-
6	Total. Add lines 1 through 5	56793	56341	39470	73240	82711	308735
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-
с 8	Add lines 7a and 7b	-0-	-0-		-0-	-0-	-0-
Secti	on B. Total Support	1					
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	56793	56341	39470	73240	82711	308735
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2108	2022	3899	10942	8762	27733
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
С	Add lines 10a and 10b	2108	2022	3899	10942	8762	27733
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 VI.)	-0-	-0-	-0-	-0-	-0-	-0-
13	Total support. (Add lines 9, 10c, 11, and 12.)	58901	58363	43369	84361	91473	336468
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8			3, column (f))		15	92 %
16	Public support percentage from 2013 Sch		-			16	93 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I	ıne 10c, colum	n (f) divided by	/ line 13, colun	nn (f))	17	8 %
18	Investment income percentage from 2013					18	7 %
19a	331/3% support tests – 2014. If the organi 17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on 🕨 🔽
b	331/3% support tests – 2013. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization du	d not check a h	ox on line 14	19a or 19b c	heck this box	and see instruc	tions • 🗀

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

S

ecti	on A. All Supporting Organizations		-,	
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	_	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	-
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	. 8	_	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	·	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	-	
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	-	-

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Alaska Engineering Education Foundation	92-0163845
990 EZ Part 1 Line 10 - Scholarships paid in fiscal year 2014 (payee/recipient/amount)	
Cal Poly San Luis Opispo/Matthew Harvey/\$1500	
Cedarville University/Rebekah Jenses/\$2000	
Louisiana State University/Kari Wray/\$1000	
Montana State University/Mary Valenzuela/\$1500	
Montana State University/Hannah Johnston/\$1000	
St. Louis University/Jacob Crapps/\$1000	
University of Alaska Anchorage/Cooper Danner/\$4000	
University of Alaska Fairbanks/Dylan Denter/\$2000	
University of Alaska Fairbanks/Diane Murph/\$1500	
University of Alaska Fairbanks/Antoinette Johnson/\$750	
University of Alaska Fairbanks/Kyle Mılne/\$2000	
Utah State University/Rob Alex Lozanoff/\$2000	·
990 EZ Part 1 Line 16: Other Expenses (expense/amount)	
Mathcounts program expenses/\$26606	
Brokerage Fees/\$976	
Fees/\$616	
Fidelity Bond/\$300	
Misc, office expenses, website maintenance/\$2215	
990 EZ Part 1 Line 20: Unrealized gains, accounts payable	
990 EZ Part II Line 26: Awarded scholarships not yet paid	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
	
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