Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-0047 Open to Public

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

Inspection <

| A ! | For th | e 2009 calendar year, or tax year beginning OCT 1, 2009 and endi | ng S | <u>EP 30, 201</u> | <u> </u> | | | | | | |
|-----------------------------|---|--|-----------|----------------------------|--|--|--|--|--|--|--|
| В | Check if | Please C Name of organization | ۸. | D Employer ident | ification number | | | | | | |
| • | applicab | " use RS AMERICAN SOCIETY FOR ENGINEERING | | | | | | | | | |
| | Addre | ess label or | | | | | | | | | |
| Ē | Name chang | type | | 37-0730118 | | | | | | | |
| | Initial return | | m/suite | E Telephone numb | | | | | | | |
| | Term | in- Specific 1 0 1 0 N COD FIRM NEXT | | | -331-3500 | | | | | | |
| F | ated Amer | odod siene | , | G Gross receipts \$ | | | | | | | |
| F | ⊥_returr ∏Appli | | | | | | | | | | |
| | ⊥ltion pend | WASHINGTON, DC 20036 | | H(a) Is this a group | | | | | | | |
| | | F Name and address of principal officer: NORMAN FORTENBERRY | | for affiliates? | Yes X No | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all affiliates | | | | | | | |
| | I Tax-exempt status: Solicity Solicit | | | | | | | | | | |
| | | ite: ► WWW.ASEE.ORG | | H(c) Group exempt | | | | | | | |
| | VALUE: | | L Year | of formation: 1943 | M State of legal domicile: PA | | | | | | |
| P | art I | Summary | | | <u> </u> | | | | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: FOSTER | AND | SUPPORT E | NGINEERING | | | | | | |
| Activities & Governance | | AND ENGINEERING TECHNOLOGY EDUCATION. | | · | | | | | | | |
| ű | 2 | Check this box if the organization discontinued its operations or disposed of the continued its operations. | of more | than 25% of its net | assets. | | | | | | |
| - Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 20 | | | | | | |
| Ö | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 19 | | | | | | |
| စ္တ | 5 | Total number of employees (Part V, line 2a) | | | | | | | | | |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | 400 | | | | | | |
| 휹 | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | | | 200 550 | | | | | | |
| ĕ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 4 000 | | | | | | |
| | , D | 140t difference business taxable income from Form 330-1, line 34 | | Prior Year | Current Year | | | | | | |
| | | Contributions and greats (Det VIII line 41) | | 61,432,867 | | | | | | | |
| re | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 1 | 2,804,427 | | | | | | | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 28,870 | | | | | | | |
| | 11. | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 706,754 | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 64,972,918 | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 57,028,447 | . 70,181,237. | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | · · | | | | | | | |
| န | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,567,373 | 2,573,215. | | | | | | |
| Expenses | 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | |
| ĝ | b | Total fundraising expenses (Part IX, column (D), line 25) | 4.5% | Patrona Et | | | | | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 5,233,410 | 5,512,915. | | | | | | |
| | 1 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 64,829,230 | | | | | | | |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | 143,688 | | | | | | | |
| 20,0 | 3 | | Be | ginning of Current Yea | | | | | | | |
| Net Assets or Find Balances | 20 | Total assets (Part X, line 16) | | 11,033,613 | | | | | | | |
| ASS | 21 | | | 7,834,399 | | | | | | | |
| let Set | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 3,199,214 | | | | | | | |
| _ | art II | | | <u> </u> | 3,311,300. | | | | | | |
| 3 · · | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state | tements : | and to the best of my know | edge and belief, it is true, correct. | | | | | | |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn | | | | | | | | | |
| | | | | 1 | • | | | | | | |
| Sig | | Signature of officer | | Date | | | | | | | |
| He | re | | | Date , | | | | | | | |
| | | SAE-YOUNG PARK | | | | | | | | | |
| | | Type or print name and title | I Oh | nali if | | | | | | | |
| Pai | d | Preparer's Date | Ch sel | | parer's identifying number instructions) | | | | | | |
| | parer's | signature Signature Signature Signature | | ployed 🕨 📗 | | | | | | | |
| | Only | yours if LARSONALLEN LLP | | EIN ► | | | | | | | |
| Uat | , Only | self-employed), address, and 2900 SOUTH QUINCY ST., SUITE 150 | | | * | | | | | | |
| | | ARLINGTON, VA 22206 | | Phone no. | 703- <u>998-5100</u> | | | | | | |
| Ма | y the | IRS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | | | | |

| Form | 1 990 (2009) EDUCATION 37- | 0730118 | Page 2 |
|------|--|---------------------------------------|---------------|
| Pa | rt III. Statement of Program Service Accomplishments | | |
| 1 | Briefly describe the organization's mission: FOSTER AND SUPPORT ENGINEERING AND ENGINEERING TECHNOLOGY E. | DUCATION | • |
| | <u> </u> | * | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| 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 a allocations to others, the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code:)(Expenses \$ 74754576. including grants of \$ 74754576.)(Revenue FELLOWSHIPS: MANAGE DOD, NSF, AND NASA FELLOWSHIP PROGRAMS. INCLUDE PROMOTIONS, PROCESSING APPLICATIONS, APPLICATION REMAKING AWARDS, AND PAYING STIPENDS, TRAVEL & TUITION PAYMEN ON THE PROGRAMS. | ACTIVIT | IES |
| | | | |
| | | | - |
| | | | |
| 4b | (Code:)(Expenses \$ 505,845. including grants of \$)(Revenue MEMBER SERVICES: 540 INSTITUTIONS AND 12,000 INIDIVIDUAL ME ENGINEERING AND ENGINEERING TECHNOLOGY SCHOOLS. ACTIVITIES OUT THROUGH A SYSTEM OF SMALL GROUPS. EACH COUNCIL, DIVISIO SECTION IS SELF-GOVERNING THROUGH ITS BY-LAWS. | ARE CARR | OM |
| | | · · · · · · · · · · · · · · · · · · · | |
| 4c | (Code:)(Expenses \$ 2,202,856. including grants of \$)(Revenue PUBLICATION SERVICES: ASEE PRODUCES PRISM MAGAZINE AND JOUR ENGINEERING EDUCATION, AND AN ANNUAL DIRECTORY OF PROFILES AND UNIVERSITIES. ONLINE NEWSLETTERS INCLUDE CONNECTIONS AN LEARNON.COM. A K-12 MAGAZINE, EGFI, PROMOTES ENGINEERING TO | ON COLLE | |
| | STUDENTS. | | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ 804,090. including grants of \$ 142,157.) (Revenue \$ 2,381,662.) | | , |
| 4e | Total program service expenses ▶\$ 78,267,367. | · | 00 (0000) |
| | | Form 9 | 90 (2009) |

37-0730118 Page 3 EDUCATION Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X · Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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. 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 Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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17

18

19

X

X

X

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

AMERICAN SOCIETY FOR ENGINEERING

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EDUCATION

Part IV Checklist of Required Schedules (continued)

| | one of the quire a contention | | · · · · · · | |
|-----|--|------|-------------|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 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 | |
| 23 | 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," complete | | | |
| | Schedule J | 23 | X | |
| 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 | | | |
| | Schedule K. If "No", go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | X. |
| 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 | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| ۲, | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | ļ | | |
| | | 27 | | х |
| 28 | Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | 21 | 2255 | Sevino |
| 20 | | 22.0 | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 00- | - Salar | X |
| a | , , , , , , , , , , , , , , , , , , , | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | | | ₹. |
| | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 3.5 |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | , | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| • | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 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 | 36 | | X_ |
| 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 | 37 | | X |
| 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. | 38 | X | <u> </u> |

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| 1 4, | | | | | Ve | N- | | | | |
|--------|---|---------|--------------|------------------------|--|---|--|--|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | E MA | Yes | No | | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | 1322 | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 | | 110 | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | ble gaming | | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | AB**5 | 1. 12 00 M g* | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | 75578)S., S. 85878) | Y. E. | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 63 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | X | Sections 2 | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | | | 3a | X | ., , | | | | |
| | | | | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | Х | | | | |
| b | If "Yes," enter the name of the foreign country: | | , | 1,773 | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | Bank a | and | | | | | | | |
| | Financial Accounts. | | • | | | | | | | |
| 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 transa | action? | , | 5b | | X | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega | | | | | | | | | |
| | Tax Shelter Transaction? | | | 5с | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | | | | | | | | | |
| | any contributions that were not tax deductible? | | | 6a | | _X_ | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions o | r gifts | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 334 | 1000 | 4:39 | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | goods | and services | | | | | | | |
| | provided to the payor? | | | 7a | | X | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as req | uired | | | | | | | |
| | to file Form 8282? | | | 7c | 7.37.44.9 7.37.44.9 | X | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | person | al | BANG. | S Prop | Agent) | | | | |
| | benefit contract? | | | 7e | | X_ | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | _X_ | | | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required | | | 7g | | | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-6 | | • | 7h | 4177 | 8,111,313 | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | | | 18 | | | | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have except any time during the coars? | | | (| \$ 1 TO 100 | 1.32 | | | | |
| • | at any time during the year? | | | 8 | 24,9X.E | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 9a | 1913/13 | | | | | |
| a b | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ••••• | | 30 m | 345-7840 E | 323.1 | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 7. 100 CAS | 0.000 J | | | | | |
| . · b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| '' | | 11a | | | 2.5% 2.5% | | | | | |
| b | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 110 | | | The state of the s | | | | | |
| J | amounts due as marking different the sext | 11b | | NAZ. | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? . | 12a | 200 | 5% , 5/2 | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | \$1500 E | | | | | | |
| _~ | | | | Jan. 66 | | | | | | |

Form **990** (2009)

EDUCATION Part VI Governance, Management, and Disclosure For 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.

| | | _ | | Yes | No |
|----------|---|---------------------------------------|----------|--------------------------------|-----------|
| 1a | Enter the number of voting members of the governing body | 20 | 57. | | |
| b | Enter the number of voting members that are independent 1b | 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | |
| | officer, director, trustee, or key employee? | Ľ | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | X |
| 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 | ٠., | X |
| 6 | Does the organization have members or stockholders? | | 6 | Х | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | |
| | governing body? | · • | 7a | Х | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | 7 | £136 | 545/4 (F. S.) 48 (S. F. S.) | |
| | by the following: | | | | |
| а | | . 1 | :: Ва | X | Kragaan J |
| h. | The governing body? Each committee with authority to act on behalf of the governing body? | | Bb | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | ···· | 00 | 21 | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | 9 | | |
| | tion B. I onoics I mis section B requests information about policies not required by the internal nevenue code. | | | Yes | No |
| 100 | Does the organization have local chanters, branches, or offiliates? | · [4 | 0a | X | NO |
| 10a | Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | -' | ua | Λ | |
| D | | | O.L. | X | |
| | and branches to ensure their operations are consistent with those of the organization? | ···· | 0b | X | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | 11 | ∧ | Neta |
| 11A | | | | STEEN STEEN | ALLIN . |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | └- | 2a | X | |
| D | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 1 | 2b | Х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | • |
| | in Schedule O how this is done | 1 | 2c | _X_ | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | X | |
| .15 | Did the process for determining compensation of the following persons include a review and approval by independent | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | Į. | | | |
| a | The organization's CEO, Executive Director, or top management official | 1 | 5a | X | |
| b | Other officers or key employees of the organization | 1 | 5b | X | |
| | 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? | 1 | l6a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | · | ŔŔ | | |
| | exempt status with respect to such arrangements? | <u> 1</u> | 6b | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | · | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. | lable fo | r | | |
| 18 | public inspection. Indicate how you make these available. Check all that apply. | | | | |
| 18 | | - | | | |
| 18 | Own website Another's website X Upon request | | | | |
| 18 19 | · | cy, and | fina | ncial | : |
| | Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polistatements available to the public. | cy, and | fina | ncial | : |
| | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polistatements available to the public. | | | | : |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy | | | | : |

932006 02-04-10

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."

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

- 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.

| (A) Name and Title | (B) Average | (C) Position (check all that apply) | | | |) | _ | (D) Reportable | (E) Reportable | (F) Estimated |
|--|----------------------|-------------------------------------|-----------------------|---------------|--------------|---------------------------------|----------|--|--|--|
| | hours per week | Individual trustee or director | lnstitutional trustee | C all Officer | | Highest compensated de employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| FRANK L. HUBAND | 40.00 | | | | | | | 254 242 | | 20 560 |
| EXECUTIVE DIRECTOR | 40.00 | X | | Х | | ļ | <u> </u> | 254,948. | 0. | 38,560. |
| RENATA S. ENGEL | 2 00 | 7, | | 7, | | | | | | 0 |
| PRESIDENT | 2.00 | X | | Х | | | | 0. | 0. | 0. |
| DON P. GIDDENS | 2 00 | 3,5 | | ٦, | | | · | | _ | • |
| PRESIDENT-ELECT | 2.00 | X | | Х | _ | - | · · | | 0. | 0. |
| PATRICIA L. FOX | 2 00 | 37 | | v | | | | 0. | 0. | 0 |
| FIRST VP, VP, EXTERNAL RELATIONS | 2.00 | X | | Х | | | | | | 0. |
| J.P. MOHSEN | 2 00 | v | | х | | | | 0. | 0. | 0. |
| IMMEDIATE PAST PRESIDENT | 2.00 | X | | ^ | | | - | 0. | 0. | 0. |
| RAY M. HAYNES | 2.00 | х | | х | | | | 0. | 0. | 0. |
| VP, FINANCE | 2.00 | Λ | | Λ | | ┼ | | | | <u> </u> |
| RALPH FLORI | 2.00 | х | | х | | | | 0. | 0. | 0. |
| VP, MEMBER AFFAIRS KENNETH F, GALLOWAY | 2 • 00 | Λ | | ^ | | - | | | | • |
| CHAIR, ENGINEERING DEANS COUNCIL | 2.00 | y. | | | | | | 0. | 0. | 0. |
| WAYNE T. DAVIS | 2.00 | | | | | 1 | | | | <u> </u> |
| VP INST COUNCILS CHAIR ERC | 2.00 | x. | | Х | | | | 0. | 0. | 0. |
| FRANK HART | 2.00 | | | | | <u> </u> | | | | |
| CHAIR ENGINEERING TECH COUNCIL | 2.00 | x | | | | | | 0. | 0. | 0. |
| PETER JANZOW | | | | | | | | | | |
| CHAIR CORPORATE MEMBER COUNCIL | 2.00 | X | | | | | | 0. | 0. | . 0 |
| STEPHANIE G. ADAMS | | | | | · · · · · · | | | | | |
| CHAIR PROFESSIONAL INT COUNCIL I | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANN SATERBAK | | | | | | | | | | |
| CHAIR, PROFESSIONAL INT COUNCIL II | 2.00 | X | | | | | | 0. | 0. | 0. |
| JENNA P. CARPENTER | | | | | | | | | | |
| VP PICS, CHAIR, PROF INT COUNC III | 2.00 | X | L | X | <u></u> | <u></u> | L | 0. | 0. | 0. |
| BEVLEE A. WATFORD | | | | | | | | | | |
| CHAIR, PROFESSIONAL INT COUNCIL IV | 2.00 | X | | | | | | 0. | 0. | 0. |
| PATRICIA D. BAZROD | | | | | | | | | · | |
| CHAIR, PROFESSIONAL INT COUNCIL V | 2.00 | X | | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| STEPHANIE FARRELL | | | | | | | | | | |
| CHAIR COUNCIL OF SECTIONS ZONE I | 2.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | • | | Form 990 (2009) |

932007 02-04-10

Form **990** (2009)

| Form 990 (2009) EDUCATION | 1 | • • | . 01 | | | | • | | 37-0 | 7301 | L18 Page |
|--|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------|--------------------------------|------------|-------------------------|
| Part VII Section A. Officers, Directors, Tru | | mple | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | | * |
| (A) | (B) | | | | C) | | | (D) | (E) | - | . (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | | Estimated |
| · | hours | (cł | neck | all 1 | that | app | ly) | compensation | compensatio | | amount of |
| | per | į | | | | | | from | from related | | other |
| | week | r direc | | | | pa | | the organization | organization: (W-2/1099-MIS | | compensation from the |
| • | | stee o | ustee | | | ensa | | (W-2/1099-MISC) | (**-271033-14110 | ,0, | organization |
| | | al tru: | onal tr | | loyee | COMP | | (** 2, 1000 111100) | | | and related |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | , | | organizations |
| DOUG TOUGAW | | | | | | | | | | | • |
| CHAIR, COUNCIL OF SECTIONS, ZONE II | 2.00 | Х | | | | | | 0. | | 0. | 0 |
| CHARLES MCINTYRE | | | | | | | | | | | |
| CHAIR, COUNCIL OF SECTIONS ZONE III | 2.00 | X | | | <u> </u> | | | 0. | | 0. | . 0 |
| HABIB SADID | | | | | | | | | | | |
| CHAIR, COUNCIL OF SECTIONS, ZONE IV | 2.00 | X | | | | | | 0. | | 0. | ·0 |
| CHARLOTTE WATSON | | | | | | | | | | | _ |
| FORMER CFO (THROUGH JANUARY 2010) | 40.00 | | | X | | | | 179,349. | | 0. | 21,455 |
| ROBERT F. BLACK | | | | | | | | | • | | |
| DEPUTY EXECUTIVE DIRECTOR | 40.00 | | | | X | | | 190,095. | 21,13 | 22. | 27,025 |
| TIMOTHY TURNER | | | | | | | | | | | |
| PROJECTS DIRECTOR | 40.00 | | | | | X | | 138,671. | | 0. | <u>20,221</u> |
| HANS J. HOYER | | | | | | | | | | | : |
| INTERNATIONAL PROGRAMS DIRECTOR | 40.00 | | | | | X | | 54,139. | 81,20 | <u> </u> | 10,594 |
| SCOTT WILLIAMSON | _ | | | | | | | | | | |
| SALES MANAGER | 40.00 | | | | | X | | 0. | 133,0 | 18. | 12,972 |
| KEITH MOUNTS | | | | | | | | | | | |
| IT DIRECTOR | 40.00 | | | | | X | | 127,157. | | 0. | 19,624 |
| WILLIAM KELLY | | | | | | | | 440.050 | | | 04 225 |
| PUBLICATIONS AFFAIRS DIRECTOR | 40.00 | | | | | X | | 113,879. | | 0. | 21,335 |
| 1b Total | | | | | | <u> </u> | | 1,058,238. | - | | 171,786 |
| 2 Total number of individuals (including but n | ot limited to th | nose | liste | ed al | bove | e) wh | o r | eceived more than \$100 | ,000 in reportabl | е | |
| compensation from the organization | | | | | | | | | | | Yes No |
| O Did the agranization list and 6 | | | | | | | | | | . Г | |
| 3 Did the organization list any former officer, | | | e, ke | y en | npio | yee, | or r | nignest compensated er | npioyee on | | 3 X |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | har asmusantian from | the organization | | 18 18 E HANNEY W 19 ATS |
| 4 For any individual listed on line 1a, is the su | | | | | | | | • | = | | 4 X |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | | ····· | |
| ,, | • | | | | • | | | • | | 157 | 5 X |
| the organization? If "Yes," complete Sched Section B. Independent Contractors | uie j ior such | pers | on . | | | | | | | | 5 A |
| Complete this table for your five highest co | mpensated in | depe | ende | ent c | onti | racto | rs t | hat received more than | \$100,000 of com | npensa | ation from |
| the organization. | | | | | | | | | _ | | |
| (A) (B) (C) | | | | | | | | | | | |
| Name and business | address | | | | | | _ | Description of s | | | ompensation |
| STACIE HARRISON | | | | | _ | . | | GRAPHIC DESI | GN | | |
| 3820 WISDOM PLACE, NW, WA | ASHINGT(| NC | ,] | DC_ | 2(| 001 | L 6 | CONSULTING | | | 113,606 |
| | | | | | | | | | | | |
| | | | | | | | | · | | | |

Form 990 (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

| 1 a Federated campaigns 1s | | rt VII | Statement of Revenue | | | | 37-0730 | TIO rage 5 |
|---|----------|--------|---|----------------|--|---|--|--|
| 10 10 10 10 10 10 10 10 | | | | | | Related or exempt function | Unrelated business revenue | excluded from tax under sections 512, |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | ts st | 1 a | Federated campaigns 1a | | | | | zerten körk |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | g a | ·b | Membership dues1b | 10,718. | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | S, G | C | | | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | gif | ď | Related organizations 1d | | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | i.i. | е | Government grants (contributions) 1e | 74,754,579. | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | it is | f | All other contributions, gifts, grants, and | | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | 흕 | | similar amounts not included above 1f | 169,323. | | | | |
| 2 a MEMBERSHIP DUES 300099 1224206 1224206 244 , 257 329 , 553 2 | d d | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| 2 a MEMBERSHIP DUES b ADVERTISING c FEE FOR SERVICE INCOME d BASS ACCOUNT REVENUE e DEVELOPMENT 1 All other program service revenue 2 Total. Add lines 2a 21 1 All other program service revenue 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 1 All other program service revenue 1 All other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 1 All other program service revenue 1 All other similar amounts) 1 All other program service revenue 2 Total. Add lines 2a 21 2 Total. Add lines 2a 21 2 Total. Add lines 2a 21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 1 All other program service revenue 1 All other program service revenue 2 Total. Add lines 2a 21 4 All other program service revenue 2 Total. Add lines 2a 21 4 All other program service revenue 4 Income or (loss) 5 Royalties 1 All other program service revenue 2 Total. Add lines 11-11d 2 Total traverues. See institutions 2 Total victions 3 Investment income or (loss) 4 All other revenue 4 Total victions 5 Royalties 5 Royalties 5 Royalties 6 All other revenue 6 Total. Add lines 11-11d 6 Total traverues. See institutions 7 State 23 State of traverue (business Code 7 State 23 State of traverue (business Code 8 State 23 State of traverue (business Code 9 State 23 State of traverue (business Code 9 State 23 State of traverue (business Code 9 State 23 Stat | <u> </u> | h | Total. Add lines 1a-1f | | 74.934.620. | | | |
| Sample S | . | | | | | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | X408514554 |
| Total, Add lines 2a21 | 9 | | | _ | | | | |
| Total, Add lines 2a21 | e Z | | | | | | 329,553. | |
| Total, Add lines 2a21 | n S | | | | | | • | |
| Total, Add lines 2a21 | Rev | | | | | | | |
| Total, Add lines 2a21 | Š, | | | _ | | 140,113. | | |
| 3 | <u>-</u> | | | <u> 541800</u> | | | 1 800 for a consumption of the Sittle of the | 75,750. |
| Other similar amounts | - | g | | | 2786965. | | | |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties 0) Real (ii) Personal 6 a Gross Rents 0 0 Real (ii) Personal 6 a Gross Rents 0 0 Real (ii) Personal 7 a Gross amount from sales of assets other than inventory 8 Less: cost or other basis and sales expenses 0 0 0 0 9 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events b c Net income or (loss) from gaming activities. See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities D a b Less: cost of goods sold b c Net income or (loss) from gaming activities D D D D D D D D D | | 3 | | | 40 684 | | | 40 671 |
| The state of the | | | | | 40,671. | _ | 1 . | 40,671. |
| G a Gross Rents | | 4 , | | | 14.550 | , | | 14 650 |
| 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a 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 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c All other revenue e Total. Add lines 11a-11d 544,925. 17 a Gross and sold lines 11a-11d 544,925. 18 a Gross Rental expenses b (i) Other assets (ii) Other assets (ii) Other assets other than inventory (iii) Other assets other than inventory assets other than inventory (iii) Other assets other than | | 5 | · | | 14,650. | STANDER STREET | Ta NGC 24 (MOTO NOTE NOTE A SERVER) | 14,650. |
| b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of ossesses of the than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 6 Net gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c All other revenue, See instructions. 12 Total revenue, See instructions. 13 Total revenue, See instructions. 14 Total revenue, See instructions. 15 A 321, 831, 2381662, 329,553, 675,996. | | | | (ii) Personal | | | | |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a 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 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d ▶ 544,925. 17 a 321 a31, 2381662, 329,553. 675,996. | | | *************************************** | | | | | |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES DATA PARTICIPATION FEE d All other revenue e Total. Add lines 11a-11d 544,925. 17 a 321,831, 2381662, 329,553,675,996. | | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) | | | - | | | | | |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events \$ of contributions reported on line 1c). See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES 900099 279,107. 279,107. b DATA PARTICIPATION FEE 900099 265,818. 265,818. | | | | | 1,000 (10) | Ye act 0 14 No エン 3.0 | 1. 1 4 | |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES 900099 279,107. 279,107. b DATA PARTICIPATION FEE c GAIL Add lines 11a-11d SUBSCRIPTION SALES 900099 265,818. c G All other revenue e Total. Add lines 11a-11d SALES 900099 278,221,831. 2381662. 329,553. 675,996. | . [| / a | · · · · · | es (ii) Other | | | | |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | | | | | | | | |
| C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > Net income or (loss) from sales of inventory sales of inven | | D | and calca superses | | | | | |
| d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES 900099 279,107. 279,107. 279,107. b DATA PARTICIPATION FEE 900099 265,818. 265,818. c d All other revenue e Total, Add lines 11a-11d | 1 | _ | | | | Way ay ay | | |
| 8 a Gross income from fundraising events (not including \$ | . | | | | | 1 2 3 2 2 2 3 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | # 60% A 1 198 B 1 188 189 | |
| including \$ of contributions reported on line 1c). See Part IV, line 18 | | | • , , | ····· | | MASSASSASSASSAS AKKI SISTI. | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D ATA PARTICIPATION SALES PO0099 279,107. 279,107. 279,107. 265,818. 265,818. |] G | . o a | - · · · · · · · · · · · · · · · · · · · | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D ATA PARTICIPATION SALES PO0099 279,107. 279,107. 279,107. 265,818. 265,818. | Ş | | · — — — — — — — — — — — — — — — — — — — | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D ATA PARTICIPATION SALES PO0099 279,107. 279,107. 279,107. 265,818. 265,818. | æ | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D ATA PARTICIPATION SALES PO0099 279,107. 279,107. 279,107. 265,818. 265,818. | Ę. | b | | | | l a said said | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. P A 321,831. 2381662. 329,553. 675,996. | 0 | | | _ | The state of the s | 1879 8315687 287 | | The state of the s |
| Part IV, line 19 | | | | | THE PARTY OF THE P | A SERVICE SERVICE | | |
| b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES 900099 279,107. 279,107. b DATA PARTICIPATION FEE 900099 265,818. 265,818. c d All other revenue e Total. Add lines 11a-11d | | | | а | CON- WIN | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES b DATA PARTICIPATION FEE C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. DATA PARTICIPATION FEE Total sevenue. See instructions. DATA PARTICIPATION FEE S44,925. 78,321,831. 2381662. 329,553. 675,996. | | b | | _ | | | | |
| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUBSCRIPTION SALES DATA PARTICIPATION FEE DATA PARTICIPATION FEE d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Total revenue. See instructions. | | . с | | | | | | |
| b Less: cost of goods sold b c Net income or (loss) from sales of inventory | | | | | | | | |
| b Less: cost of goods sold b c Net income or (loss) from sales of inventory | | | and allowances | а | | | | |
| Miscellaneous Revenue Business Code 11 a SUBSCRIPTION SALES 900099 279,107. b DATA PARTICIPATION FEE 900099 265,818. 265,818. c 4 Il other revenue 544,925. 279,506. 12 Total revenue. See instructions. 78,321,831. 2381662. 329,553. 675,996. | | . b | | | | | | |
| 11 a SUBSCRIPTION SALES 900099 279,107. 279,107. b DATA PARTICIPATION FEE 900099 265,818. 265,818. c 4 All other revenue 544,925. 12 Total revenue. See instructions. 78,321,831. 2381662. 329,553. 675,996. | | С | Net income or (loss) from sales of inventor | / | | | , , | le Barba de Austria |
| b DATA PARTICIPATION FEE 900099 265,818. 265,818. c d All other revenue e Total. Add lines 11a-11d | | | | | | | | COASTANTIA |
| c d All other revenue e Total. Add lines 11a-11d ► 544,925. 12 Total revenue. See instructions. ► 78,321,831. 2381662. 329,553. 675,996. | | 11 a | | | | | | |
| e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 544,925. 78,321,831. 2381662. 329,553. 675,996. | | , b | DATA PARTICIPATION FE | E 900099 | 265,818. | | - | 265,818. |
| e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 544,925. 78,321,831. 2381662. 329,553. 675,996. | | , с | · | _ | | | · · · | |
| 12 Total revenue. See instructions. ► 78,321,831. 2381662. 329,553. 675,996. | | d | | | | Julia Gardeng, by Adva Julia 18 | rest that have men a second than | e a so from the transfer and and a final |
| | | е | | | 544,925. | | | |
| | 02000 | | Total revenue. See instructions. | > | 78,321,831. | 2381662. | 329,553. | |

Form 990 (2009)

Part IX Statement of Functional Expenses

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

| | All other organizations must comp | • | | • | nd (D). |
|----|--|---|--|---|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | 70,181,237. | 70,181,237. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 1,520,651. | 1,520,651. | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | , |
| | persons described in section 4958(c)(3)(B) | _ | | | |
| 7 | Other salaries and wages | 29,891. | 29,891. | | |
| 8 | Pension plan contributions (include section 401(k) | | | | , |
| | and section 403(b) employer contributions) | 116,655. | 116,655. | | |
| 9 | Other employee benefits | 588,791. | | | |
| 10 | Payroll taxes | 317,227. | 317,227. | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | _ | mit to make a place William | Ata month of the set finder | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 913,558. | | | |
| 12 | Advertising and promotion | 110,017. | | | |
| 13 | Office expenses | 538,971. | 538,971. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 266,411. | 266,411. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | - | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | _ | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | The second of the second of the second of the second of | The state of the s | and the state of the same of the same and the same of | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled | | | | |
| | miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) | | | | |
| а | INDIRECT COST | 2,791,599. | 2,791,599. | | |
| b | AV, BUS SERVICES, AND F | 404,725. | 404,725. | | , , |
| С | BASS ACCOUNTS EXPENSE | 364,223. | 364,223. | | |
| d | HONORARIA | 90,726. | 90,726. | | |
| е | REPAIRS AND MAINTENANCE | 13,438. | | | , |
| f | All other expenses | 19,247. | 19,247. | | , |
| 25 | Total functional expenses. Add lines 1 through 24f | 78,267,367. | 78,267,367. | 0. | 0. |
| 26 | Joint costs. Check here if following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |

AMERICAN SOCIETY FOR ENGINEERING

Form 990 (2009)

EDUCATION

Part X Balance Sheet (A) (B) Beginning of year End of year 21. 5,508,126. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 20,807,383. 2,104,870 2,966,662. 3 3 Pledges and grants receivable, net Accounts receivable, net 377,950. 376,569. 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 89,075. 93,199. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other 2,266,742 basis. Complete Part VI of Schedule D ______ 10a 1,286,617. 923,270. <u>980,125.</u> b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 956,772. 866,823. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,163,499. 1,722,167. Other assets. See Part IV, line 11 15 15 11,033,613. 27,902,898. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 16 1,525,101. Accounts payable and accrued expenses 1,415,593. 17 17 Grants payable 18 18 23,065,891. 6,282,798. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 136,008. 25 7,834,399. 24,590,992. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 3,310,201. 27 Unrestricted net assets 3,162,509. 27 36,705. 1,705. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 3,199,214. 3,311,906. Total net assets or fund balances

27,902,898. Form **990** (2009)

Total liabilities and net assets/fund balances

11,033,613.

| Form 990 (2009) | EDUCATION | |
|-----------------|-----------|--|
| | | |

| · u | Thancial Statements and neporting | | | |
|-----|--|----------------|-----|--------|
| | | ٠ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | 43.13 70.13 | | 3.84 £ |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| , b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| С | If "Yes" to line 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? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | |
| | Act and OMB Circular A-133? | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | į. |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Х | |
| | | Г | 000 | nnnin |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2009

Inspection

Name of the organization

AMERICAN SOCIETY FOR ENGINEERING EDUCATION

Employer identification number 37-0730118

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 11 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. Type III - Other J Type Ⅱ c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

932021 02-08-10

Form 990 or 990-EZ.

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| | (Complete only if you checked | d the box on line 5 | , 7, or 8 of Part I.) | | | | |
|---------|---|---------------------|-----------------------|---------------------|----------------------|--------------|--------------|
| Sec | tion A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | • • | • | |
| | membership fees received. (Do not | | • | | | | ı |
| | include any "unusual grants.") | 1,392,222. | 1,402,311. | 1,382,700. | 61,421,278. | 74,934,620. | 140,533,131. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 1,392,222. | 1,402,311. | 1,382,700. | 61,421,278. | 74,934,620. | 140,533,131. |
| 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) | | 23 2 | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 140 533 131. |
| | tion B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 1,392,222. | 1,402,311. | 1,382,700. | 61,421,278. | 74,934,620. | 140,533,131. |
| . 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | 225 224 |
| | and income from similar sources | 99,721. | 145,058. | 23,484. | 28,870. | 40,671. | 337,804. |
| 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 | 22 461 | 15 050 | 151701 | 706 754 | EEO E7E | |
| | assets (Explain in Part IV.) | 23,461. | 15,959. | <u>-151791.</u> | 706,754. | 559,575. | 1,153,958. |
| 11 | Total support. Add lines 7 through 10 | | <u> </u> | <u>- 中国の行政を連続</u> | | | 142 024 893. |
| 12 | Gross receipts from related activities, | • | , | | | 12 | · |
| 13 | First five years. If the Form 990 is for | • | | | - | | ▶ □ |
| Sec | organization, check this box and storetion C. Computation of Publ | | | ······ | | <u> </u> | ····· |
| | Public support percentage for 2009 (| | | olumn (fl) | | 14 | 98.95 % |
| | Public support percentage from 2008 | | | | | 15 | 98.53 % |
| | 33 1/3% support test - 2009. If the o | | | | | | |
| 102 | stop here. The organization qualifies | - | | | | | |
| h | 33 1/3% support test - 2008. If the o | | | | | | |
| ~ | and stop here. The organization qual | | | | | | |
| 17: | 10% -facts-and-circumstances tes | | | | | | |
| .,. | and if the organization meets the "fac | - | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| r | 10% -facts-and-circumstances tes | | • | | - | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-cire | | · | | • | | |
| 18 | Private foundation. If the organization | | | | | | . \square |
| <u></u> | roundation, it the organization | an alla Hot CHECK a | DON OFFINIE TO, TO | u, 100, 17a, 01 17k | o, officer and box e | doo manachon | <u> </u> |

| | dule A (Form 990 or 990-EZ) 2009 | | | | | * - | Page 3 |
|---|---|--|--|--|----------------------|---|---------------------------------------|
| Pa | rt III Support Schedule for C | Organizations | Described in | Section 509(a) |)(2) (Complete only | if you checked the be | ox on line 9 of Part I.) |
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | . (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | ı | | • | | |
| 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 | | : | | | | |
| 3 | Gross receipts from activities that | | | | , | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | İ | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | • |
| 5 | The value of services or facilities | | | : | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | į | |
| | Amounts included on lines 1, 2, and | | | | | ٠. | |
| | 3 received from disqualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | · · · · · · · · · · · · · · · · · · · |
| | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | ndar year (or fiscal year beginning in) Amounts from line 6 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a b c 11 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 9 10a b c 11 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) | r the organization' | s first, second, thi | | ax year as a section | on 501(c)(3) organi | zation, |
| 9 10a b c 11 12 13 14 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | r the organization' | s first, second, thi | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| 9 10a b c 11 12 13 14 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here | r the organization' | s first, second, thi | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| 9 10a b c 11 12 13 14 Sec 15 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here stion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008) | r the organization' ic Support Pe line 8, column (f) d 3 Schedule A, Part | s first, second, thiercentage livided by line 13, | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008) | ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom | s first, second, this ercentage livided by line 13, ill, line 15 | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organi. | zation, % % |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here stion C. Computation of Publ Public support percentage from 2008 tion D. Computation of Investions. | ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 009 (line 10c, colu | s first, second, thiercentage livided by line 13, it III, line 15 ine Percentage mn (f) divided by line | column (f)) | ax year as a section | on 501(c)(3) organiz | zation, % % |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here stion C. Computation of Publ Public support percentage from 2008 tion D. Computation of Investment income percentage from 2008 | ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 2009 (line 10c, colui 2008 Schedule A, | s first, second, this ercentage livided by line 13, it III, line 15 ite Percentage mn (f) divided by line Part III, line 17 | column (f)) | ax year as a section | on 501(c)(3) organiz | zation, % % % % |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here stion C. Computation of Publ Public support percentage from 2008 tion D. Computation of Investions. | r the organization' ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 2008 Schedule A, organization did r nd stop here. The | s first, second, this ercentage livided by line 13, it III, line 15 me Percentage mn (f) divided by line Part III, line 17 not check the box e organization qual | column (f)) ine 13, column (f)) on line 14, and line | ax year as a section | 15 16 17 18 33 1/3%, and line ation | zation, % % % 17 is not |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047 Inspection

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Department of the Treasury ➤ Attach to Form 990. ➤ See separate instructions. AMERICAN SOCIETY FOR ENGINEERING Name of the organization Employer identification number

| Pai | **DUCATION Organizations Maintaining Donor Advised F | Funds or Other Similar Fund | de or Accounts Complete if the |
|--------|--|---|---|
| 813.01 | | dias of Other Sillina Turk | ds of Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number of and of such | (a) Donor advised funds | (b) i unus 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 writ | • | |
| _ | are the organization's property, subject to the organization's exc | • | _ |
| 6 | Did the organization inform all grantees, donors, and donor advis | | |
| | for charitable purposes and not for the benefit of the donor or do | , , , , | , c., c., |
| Da | | | |
| / | | | , Par IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or plea | | nistorically important land area |
| | Protection of natural habitat | Preservation of a ce | ertified historic structure |
| _ | Preservation of open space | | |
| . 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribution in the for | m of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | · |
| b | | | |
| c | Number of conservation easements on a certified historic structi | | |
| d | Number of conservation easements included in (c) acquired afte | | |
| 3 | Number of conservation easements modified, transferred, release | sed, extinguished, or terminated by t | he organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation easem | | - |
| 5 | Does the organization have a written policy regarding the period | | |
| _ | violations, and enforcement of the conservation easements it ho | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and | • | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfo | | |
| 8 | Does each conservation easement reported on line 2(d) above s | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organization | 's financial statements that describe | es the organization's accounting for |
| Da | conservation easements. Comparizations Maintaining Collections of A | rt Historical Transuras or | Other Similar Assets |
| 3. 8 | Complete if the organization answered "Yes" to Form 990 | • | Other Ommar Assets. |
| | complete if the organization answered Tes to Form 330 | , raitiv, inte o. | |
| 1. | If the organization elected as permitted under CEAC 11C act to | tiit | belongs shoot works of ort. historical |
| ıa | If the organization elected, as permitted under SFAS 116, not to | • | · · · · |
| | treasures, or other similar assets held for public exhibition, educ | | bublic service, provide, in Fait XIV, the text of |
| | the footnote to its financial statements that describes these item | | and about weeks of out historical transverse |
| b | If the organization elected, as permitted under SFAS 116, to rep | | |
| | or other similar assets held for public exhibition, education, or re | search in furtherance of public servi | ice, provide the following amounts relating to |
| | these items: | | ▶ ¢ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | . . |
| 0 | | ven or other similar appets for finance | |
| 2 | If the organization received or held works of art, historical treasu | | ciai gairi, provide |
| _ | the following amounts required to be reported under SFAS 116 | _ | • • |
| a | Revenues included in Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

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|----|-----|-----|----|----|

| Par | Organizations Maintaining C | | t, Historical | Treasures. | or Oth | er Simi | | ts (conti | | <u> </u> |
|--------|--|-----------------------|---------------------|-------------------|--------------|----------------------------------|--|--|----------------------------|--|
| | Using the organization's acquisition, accession | | | | | | | | | 3 |
| | (check all that apply): | , | ,, | | | | | | | |
| а | Public exhibition | d | Loan or | exchange progr | ams | | | | | |
| b | Scholarly research | e | Other | oxonango prog. | | | | | | |
| c | Preservation for future generations | C | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they furth | er the organizat | ion's exe | mot pure | ose in Par | XIV | | |
| 5 | During the year, did the organization solicit or | | | | | | 7000 III I al | | | |
| Ü | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | Escrow and Custodial Arrang | | | | | | | | | 110 |
| ,,, | reported an amount on Form 990, Par | | to ii organizatio | in answered Te | .0 10101 | 000, 1 | urt 17, 11110 | 0, 0. | | |
| 1a | Is the organization an agent, trustee, custodi | | iary for contribu | itions or other a | ssets not | tincluded | | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIV | | | | | | | _ 103 | | 110 |
| - | roo, oxplain the arrangement in rate xiv | and complete the for | lowing table. | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | 7 4110 4111 | | |
| . д | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | orm 990 Part Y line | 212 | · | | | · | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV. | onn 330, rare A, line | ٠ | | | | | _ 103 | | 140 |
| Par | | the organization and | swered "Yes" to | Form 990 Part | t IV line | 10 | | | | |
| | The state of the s | (a) Current year | (b) Prior yea | | | | years back | (e) Four | vears h | nack |
| 1a | Beginning of year balance | 866,823. | 851,49 | | AN TES | | HALL DANK | | y curo c | 38% |
| h | Contributions | 000,023. | 031,43 | | | | | 5% (1813) | 2000 B | 21.5cm |
| 0 | Net investment earnings, gains, and losses | 89,949. | 15,33 | 2 | - CE/FB - VO | | | (A-) (A) | 48.00 | 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 4 | Grants or scholarships | 07,747. | 13,33 | | 800 K to 400 | | | ON PROS | astan | |
| ٠ • | Other expenditures for facilities | | | - 30 M | | AND THE PARTY OF | | | | Triber Triber |
| e | | | | | | | | | | |
| | Administrative expenses | | | | | | | Mark The Control of t | | \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ' | End of year balance | 956,772. | 866,82 | 3 | | | | - 1840 - 2143 - 1840 - 2143 | | 100 |
| g 2 | Provide the estimated percentage of the year | | | J • | V v v (45%) | 320 C.460 7.1 c. | 461.00 0157.001 | 1. 0.3 Substitute | . 2815 T. C. S. F. F. | -176k 4s2 |
| a | Board designated or quasi-endowment | | s. % | | | | | | | |
| b | Permanent endowment | % | _76 | | | | | | | · · |
| C | | | | | | | | | | |
| | Are there endowment funds not in the posse | - | tion that are be | ald and administ | ored for | the organ | ization | | | |
| Ja | by: | ssion of the organiza | tion that are ne | and administ | ered lor | ine organ | nzation | Γ | Yes | No |
| | | | | | | | | | 163 | X |
| | | | | | | | | | | X |
| b | (ii) related organizations If "Yes" to 3a(ii), are the related organizations | listed as required of | n Schodula P2 | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | ······································ | . 30 | | |
| | t VI Investments - Land, Building | | | 990 Part X line | 10. | | | | | |
| 15.7 | Description of investment | (a) Cost or ot | | Cost or other | T | ccumula | ted | (d) Book | value | • |
| | becomplient of investment | basis (investm | 1 | asis (other) | 1 ' | preciatio | | (u) 500, | ··· | • |
| 12 | Land | - | , | , | 46 H.A.A. | elikkile. | | | | |
| b | Buildings | | | | 6-10.3°855 | THE PARTY OF THE PROPERTY OF THE | ~~ 20.78P#FF107% | | _ | |
| 2 | Leasehold improvements | | | 160,724. | | 89,5 | 545 | 7 | 1,1 | 79. |
| d | Equipment | | | 100,724. | | 93,5 | | | $\frac{1}{2}, \frac{1}{2}$ | |
| | | | 2 | 003,296. | | 103,5 | | | $\frac{3}{7}, \frac{2}{7}$ | |
| | Other | | | | т, | 100,5 | | | 0,12 | |
| rotal | . Add intes i a trifought re. Column (a) must e | чиат гоппі ээо, гап . | A, COIUITIII (B), I | me 10(0).) | | | Schedule | | | |

| EDL | ፈንነ | TT | ON |
|-----|-----|----|----|

| (a) Description of security or category (b) Book value Cost or end-of-year market value Total (Cot (b) mest squal Form 590, Part X, col (f) line 12.) Part VIII Investments - Program Related. See Form 590, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Mesthod of valuation: Cost or end-of-year market value Total (Col (b) must squal Form 590, Part X, col (l) line 13.) Part IX Other Assets. See Form 590, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total (Column (b) must equal Form 590, Part X, col (l) line 15.) Total (Column (b) must equal Form 590, Part X, col (l) line 15.) Federal income taxes | Part VII | Investments - Other Securities. Se | e Form 990, Part X, line | 12. | | |
|--|---------------------------------------|---|---------------------------|---|---------------------------------------|-----------------------------------|
| Total. (Col I/D) must squal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type | | a) Description of security or category | | | | |
| Total. (Col I/D) must squal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type | Financial de | erivatives | | | | |
| Total. (Col (b) most equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-dy-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) (c) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) (c) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) (c) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) (c) Amount (c) Part X (c) Part X | | d 2- 2- 2- 1 | | | · | |
| Total. (Col. (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IXI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) | Other | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IXI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IXI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IXI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) | | <u> </u> | • | | | |
| Total. (Col. (b) must equal Form 990, Part X, col (8) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IXI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 15.) Total. (Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) Total. Column (b) must equal Form 990, Part X, col (6) line 25.) | | | | | | * |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) Part XIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end of year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) (b) Book value (a) Description (b) Book value 1, 722, 167. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | , | | | |
| Total. (Col. (b) must equal Form 990, Part X, col (β) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value | | | | • | | · · |
| Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value | | | | | | |
| Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value | | | 1 | _ | · · · | |
| Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value | T (0.1.) | 1) | | Life Downson south Children | | |
| (a) Description of investment type (b) Book value Cost or end of year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 1,722,167. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | Dart VII | b) must equal Form 990, Part X, col (B) line 12.) | 5 000 B . V ! | ··· 25,000 - 73 - 7 - 70 | <u>un 1964 (424 FZAFAN 1770 7</u> 484 | <u>K-4U-1-2882-283486722.5822</u> |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | ≟Ľ Ői.£" A`III | i investments - Program Related. S | ee Form 990, Part X, line | 9 13. | (a) Mothod of valuat | ion: |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | | (a) Description of investment type | (b) Book value | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | · · · · · · · · · · · · · · · · · · · | | | | · | · |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | | | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | | | | | | <u> </u> |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | | | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | | | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | | | , | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part X | | <u> </u> | | | | · , |
| Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | | <u> </u> | | | | * , £ |
| Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | | · | | | | |
| Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | Total (Col.(| h) must agual Form 000. Part V. col /P) ling 12.) | | Rani Tabu IV | | |
| (a) Description (b) Book value 1,722,167. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | Part IX | Other Assets. See Form 990. Part X line | 15 | 1 (1) (2) (4) (1) (4) (4) (4) (4) (4) (4) (4) | Applied a Book Superior Comment and | <u> </u> |
| DUE FROM AFFILIATE 1,722,167. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | <u> </u> | | | | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | DUE FI | | | - | | <u> </u> |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | • | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | <u> </u> | | | | • . |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | • | , | · |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | : | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | | | * . * |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | <u> </u> | | | | s | |
| 1. (a) Description of liability (b) Amount Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | | | | <u>*************************************</u> | <u></u> | 1,722,167. |
| Federal income taxes Total. Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | Part X | | line 25. | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 1. | (a) Description of liability | | (b) Amount | | |
| | Federal inc | come taxes | | | | |
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| | t XI Reconciliation of Change in Net Assets from Form 990 to | o Audited I | inancial State | | | 8 Page 4 |
|----------|---|------------------|-----------------------|--------------|---------------|-------------|
| | Total was a 15 and 50 B and 50 B | | | JIII CIII | • | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | • | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | | • |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | | | |
| 4 | Net unrealized gains (losses) on investments | | | | | |
| 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 | | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a | | | | | |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statem | | | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 . | , | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 29000 | | |
| а | Net unrealized gains on investments | 2a | | | | |
| | Donated services and use of facilities | | | | | |
| | Recoveries of prior year grants | 2c | | | | |
| ب 2 | | | | | | |
| d | Other (Describe in Part XIV.) | | - - | 1947 (to 48) | ٠. | |
| e | Add lines 2a through 2d | | | 2e | | * |
| 3 | Subtract line 2e from line 1 | | | 3 | | <u> </u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | 1 x % | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | <u> </u> | | | ı |
| b | Other (Describe in Part XIV.) | 4b | | | : | |
| C | Add lines 4a and 4b | | | 4c | | |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | | |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Staten | nents With | Expenses per | Retur | n | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | | • |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | • • | _ |
| а | Donated services and use of facilities | 2a | | | | |
| . b | Prior year adjustments | | | | | |
| c | Other losses | 1 - 1 | | | | |
| . d | Other (Describe in Part XIV.) | | | | | |
| . с | | | | 2e | | |
| 3 | • | | | 3 | | <u> </u> |
| | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | ج نو |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | | • | · |
| b | Other (Describe in Part XIV.) | | | | | |
| | Add lines 4a and 4b | | | 4c | | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | <u></u> | <u></u> | 5 | • | |
| Pa | t XIV Supplemental Information | | | | | • |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part | III, lines 1a an | d 4; Part IV; lines 1 | lb and 2 | b; Part V, li | ne 4; Part |
| X, lin | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com | nplete this par | to provide any ad | Iditional | information | ١. |
| PAI | RT V, LINE 4: FUNDS WILL BE USED FOR THE S | SOCIETY | S AWARDS | • | | |
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| • | • | | | Sched | ule D (Forn | n 990) 2009 |

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

| lame of the organization AMERICAN EDUCATION | | OR ENGINEER | ING | | | | Employer identification number $37-0730118$ |
|---|-------------------|-------------------------------|-----------------------------|-----------------------------------|---|--|---|
| Part I General Information on Grants a | | | | | | · | 3, 0,00110 |
| Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro | stance? | | | | | sistance, and the selec | |
| Part II Grants and Other Assistance to | Governments and | d Organizations in the | e United States. 🤇 | Complete if the org | | | |
| recipient that received more than | | | | | art IV and Schedule I- (f) Method of | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
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| | | | | : | : | | |
| 2 Enter total number of section 501(c)(3) a | nd government or | ganizations | | | | | > |
| 3 Enter total number of other organization | s | · | <u></u> | | ····· | | |
| HA For Privacy Act and Paperwork Redu | ction Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2009 |

EDUCATION

37-0730118

Part III Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" to Form 990, Part IV. line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SMART SCHOLARSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS 574 24.781.131 NAVY RESEARCH LABORATORY AND OTHER POSTDOC FELLOWSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE 3,259,026 ADMINISTERS AND DISTRIBUTES THE ONR SUMMER FACULTY RESEARCH PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS 1 569 329 NAVAL RESEARCH ENTERPRISE INTERN PROGRAM/SCIENCE AND ENGINEERING APPRENTICE PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE 2 725 308 233 ADMINISTERS AND DISTRIBUTES THE AIR FORCE NATIONAL DEFENSE SCIENCE AND ENGINEERING FELLOWSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE 32,821,627 576 ADMINISTERS AND DISTRIBUTES THE Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I. PART I. LINE 2: THE FEDERAL AGENCIES FUND THESE PROGRAMS. ADMINISTERS AND DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS SPECIFIED IN THE CONTRACTS WITH THE AGENCIES. PART III, COLUMN (A): TYPE OF GRANT OR ASSISTANCE: SMART SCHOLARSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS SPECIFIED IN THE CONTRACTS WITH THE AGENCIES.

Page 2

Schedule I-1 (Form 990) 2009 EDUCATION

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (f) Description of non-cash assistance (c) Amount of (d) Amount of non-(e) Method of (a) Type of grant or assistance (b) Number of recipients cash grant cash assistance valuation (book, FMV, appraisal, other) AIR FORCE SUMMER FACULTY FELLOWSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND DISTRIBUTES THE 1.900.655 FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS 130 NATIONAL SCIENCE FOUNDATION INDUSTRIAL POSTDOC PROGRAM : ARRA FUNDING THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE 989.306. ADMINISTERS AND DISTRIBUTES THE 28 NASA AERONAUTICS SCHOLARSHIP PROGRAM THE FEDERAL AGENCIES FUNDS THESE PROGRAMS, ASEE ADMINISTERS AND DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS 1.495.647

| Part IV Supplemental Information |
|---|
| |
| (A) TYPE OF GRANT OR ASSISTANCE: NAVY RESEARCH LABORATORY AND OTHER |
| POSTDOC FELLOWSHIP PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS |
| SPECIFIED IN THE CONTRACTS WITH THE AGENCIES. |
| · · · · · · · · · · · · · · · · · · · |
| (A) TYPE OF GRANT OR ASSISTANCE: ONR SUMMER FACULTY RESEARCH PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS |
| SPECIFIED IN THE CONTRACTS WITH THE AGENCIES. |
| |
| (A) TYPE OF GRANT OR ASSISTANCE: NAVAL RESEARCH ENTERPRISE INTERN |
| PROGRAM/SCIENCE AND ENGINEERING APPRENTICE PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS |
| SPECIFIED IN THE CONTRACTS WITH THE AGENCIES. |
| |
| (A) TYPE OF GRANT OR ASSISTANCE: AIR FORCE NATIONAL DEFENSE SCIENCE AND |
| ENGINEERING FELLOWSHIP PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS |
| SPECIFIED IN THE CONTRACTS WITH THE AGENCIES. |
| |
| (A) TYPE OF GRANT OR ASSISTANCE: AIR FORCE SUMMER FACULTY FELLOWSHIP |
| PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROGRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS Schedule I (Form 990) 2009 |

| Part IV Supplemental Information | |
|---------------------------------------|---------------------------------------|
| SPECIFIED IN THE CONTRACTS WITH THE A | AGENCIES. |
| | |
| (A) TYPE OF GRANT OR ASSISTANCE: NATI | IONAL SCIENCE FOUNDATION INDUSTRIAL |
| POSTDOC PROGRAM : ARRA FUNDING | |
| | CDANG AGER ADVINIGERDO AND |
| THE FEDERAL AGENCIES FUNDS THESE PROG | |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHI | |
| SPECIFIED IN THE CONTRACTS WITH THE A | AGENCIES. |
| · · · · · · · · · · · · · · · · · · · | |
| (A) TYPE OF GRANT OR ASSISTANCE: NASA | A AERONAUTICS SCHOLARSHIP PROGRAM |
| THE FEDERAL AGENCIES FUNDS THESE PROC | GRAMS. ASEE ADMINISTERS AND |
| DISTRIBUTES THE FELLOWSHIP/SCHOLARSHI | IP TO SELECTED INDIVIDUALS AS |
| SPECIFIED IN THE CONTRACTS WITH THE A | AGENCIES. |
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SCHEDULE J (Form, 990)

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.

2009

Open to Public Inspection

Schedule J (Form 990) 2009

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

AMERICAN SOCIETY FOR ENGINEERING

EDUCATION

R ENGINEERING Employer identification number

37-0730118

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|-----------------|----------|-----------|
| | | | 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, | THE STATE | | K. This |
| | 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 | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | (X2) | |
| | | L. Co. | | |
| þ. | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | X | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | X |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's | | | 140 d |
| | CEO/Executive Director. Check all that apply. | Z. S. | 3. S. S. | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | 3.5 | 20.3 | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | Y | | |
| | organization or a related organization: | | 1 | |
| а | Receive a severance payment or change-of-control payment? | 4a | | _X_ |
| b | 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. | | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | A Section |
| 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: | (\$2.4 16 17 | | |
| 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 compensation | | | |
| | contingent on the net earnings of: | | | 200 |
| а | The organization? | 6a | | _X_ |
| 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 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | ٠. |
| | initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | _X_ |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | ٠. | |

932111 02-02-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II 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.

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.

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------|--------------------------|-------------------------------------|---|--------------------------------|---------------------------------------|-------------------------|---|
| (A) Name | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported in prior Form 990 or Form 990-EZ |
| (i) | 254,010. | 0. | 938. | 19,477. | 19,083. | 293,508. | 0. |
| FRANK L. HUBAND | 0. | 0. | 0. | 0. | 0. | . 0. | 0. |
| (i) | | 28,250. | 732. | 11,464. | 9,991. | 200,804. | 0. |
| CHARLOTTE WATSON (iii | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | 157,847. | 31,186. | 1,062. | 11,937. | 12,386. | 214,418. | 0. |
| ROBERT F, BLACK (iii | | 3,465. | 118. | 1,326. | 1,376. | 23,824. | 0. |
| (i) | | 21,000. | 411. | 9,074. | 11,147. | 158,892. | 0. |
| TIMOTHY TURNER (ii | | _ 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | i | | | | | | |
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| (i) | | | | | | | |
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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 Open to Public Inspection

Name of the organization

AMERICAN SOCIETY FOR ENGINEERING

Employer identification number

EDUCATION 37-0730118 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: AWARDS: AN ANNUAL AWARDS PROGRAM PROVIDES HONORS AND AWARDS TO DISTINGUISHED EDUCATORS AND ENGINEERS. ASEE PRESENTS UP TO 20 NATIONAL AWARDS EACH YEAR IN A WIDE ARRAY OF DISCIPLINES. ASEE AWARD WINNDERS RECEIVED HONORARIUM, TRAVEL EXPENSES AND COMMEMORATIVE PLAQUES. EXPENSES \$ 24020. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19667. NON-GOVERNMENT PROGRAMS: ASEE MANAGES AND ADMINISTERS PROGRAMS FUNDED BY DIFFERENT ORGANIZATIONS AND INSTITUTIONS. EXPENSES \$ 142157. INCLUDING GRANTS OF \$ 142157. REVENUE \$ 142157. OTHERS/FIELD UNITS: ASEE PROVIDES ACCOUNTING SERVICES REFERRED TO AS BANKING AND ACCOUNTING SERVICES SYSTEM, FOR THE BENEFIT OF SIXTY-TWO PARTICIPATING OPERATING FIELD UNITS. CONTRACT FEE - THIS CONSISTS OF REVENUE EARNED FOR SERVICING THE GOVERNMENT CONTRACTS AND COOPERATIVE AGREEMENTS. EXPENSES \$ 637913. REVENUE \$ 2219838. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 1: THE ORGANIZATION'S EXECUTIVE COMMITTEE IS CHARGED WITH SAME POWERS AS THE BOARD OF DIRECTORS AND MAY ACT BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CONSISTS OF INSTITUTIONAL, AND CORPORATE MEMBERS.

LINE 7A: INDIVIDUAL MEMBERS HAVE VOTING PART VI. SECTION A,

29

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (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.

2009
Open to Public
Inspection

Name of the organization

AMERICAN SOCIETY FOR ENGINEERING EDUCATION

Employer identification number 37-0730118

RIGHTS FOR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY MANAGEMENT AND GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

REVIEWED AND SIGNED BY BOARD MEMBERS AND STAFF EVERY YEAR. CONFLICTS ARE

MONITORED AT A MANAGEMENT AND BOARD LEVEL.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR - ASEE HAS AN OVERSIGHT COMMITTEE (SELECTED MEMBERS OF BOARD OF DIRECTORS) WHO EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY AMOUNT ANNUALLY. EXECUTIVE DIRECTOR PROVIDES THEM WITH SURVEYS DONE BY DIFFERENT COMPANIES ON EXECUTIVE DIRECTOR/CEO SALARY AND BENEFITS FOR NON PROFIT ASSOCIATIONS.

LAST REVIEW DONE IN NOV10 / HEADOUARTER EMPLOYEES - DEC10

OTHER OFFICERS/KEY EMPLOYEES - THE EXECUTIVE DIRECTOR CONDUCTS ANNUAL

PERFORMANCE EVALUATIONS ON OTHER OFFICERS AND KEY EMPLOYEES. SALARY

FIGURES ARE COMPARED WITH OTHER ORGANIZATIONS THROUGH COMPENSATION SURVEY

PUBLICATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 2C:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

30

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury

Internal Revenue Service

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 Open to Public Inspection

| AMERICAN SOCIETY FOR ENGINEERING EDUCATION | Employer identification number 37-0730118 |
|---|---|
| THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBLE | LITY FOR |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SI | ELECTION OF AN |
| INDEPENDENT ACCOUNTANT. THE PROCESS HASN'T CHANGED FROM | THE PRIOR |
| YEAR. | |
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SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047 2009 Open to Public Inspection

Schedule R (Form 990) 2009

AMERICAN SOCIETY FOR ENGINEERING **Employer identification number** Name of the organization 37-0730118 EDUCATION Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (d) (e) (a) (b) Legal domicile (state or Direct controlling Name, address, and EIN Primary activity Total income End-of-vear assets of disregarded entity entity foreign country) 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 Part II organizations during the tax year.) (b) (c) (d) (e) (f) (a) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling section status (if section entity. of related organization foreign country) 501(c)(3)) ASEE CONVENTION & SEMINAR CORP, - 52-1755430 1818 N STREET, NW. SUITE 600 WASHINGTON, DC 20036 PROMOTE ENGR EDUCATION DELAWARE 501(C)(3) LINE 11A I

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009 EDUCATION

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.)

| · (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) |
|--|------------------|--|---------------------------|--|-----------------------|-----------------------------------|--------|----------------------|--|--------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicite (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Dispro | portion- cations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera manag partn |
| , | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes |
| | | | | | | | | | | . |
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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.) Part IV

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|
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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | _ | | Ye s | No |
|-------------|--|------------------|------|---------------------------------------|-------------|---------|
| 1 | 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? | | | | **** | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | 1a | | X |
| b | Gift, grant, or capital contribution to other organization(s) | | | 1 b | | X |
| С | Gift, grant, or capital contribution from other organization(s) | | | 1c | | X |
| d | Loans or loan guarantees to or for other organization(s) | | | 1d | | X |
| е | Loans or loan guarantees by other organization(s) | | | 1e | | X |
| | | | | , Tiğir | | |
| f | Sale of assets to other organization(s) | | | 1f | _ | X |
| g | Purchase of assets from other organization(s) | | | 1g | _ | X |
| h | Exchange of assets | | | 1h | | X |
| i | Lease of facilities, equipment, or other assets to other organization(s) | | | 1i | | X |
| | | | | Se 184 | | |
| j | Lease of facilities, equipment, or other assets from other organization(s) | | Γ | 1j | | X |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | | | 1k | | X |
| - 1 | Performance of services or membership or fundraising solicitations by other organization(s) | | _ | 11 | | X |
| m | Sharing of facilities, equipment, mailing lists, or other assets | | | 1m | Х | |
| n | Sharing of paid employees | | | 1n | Х | |
| | * | | | | 1 | |
| 0 | Reimbursement paid to other organization for expenses | | | 10 | | X |
| р | Reimbursement paid by other organization for expenses | | | 1p | | X |
| | | | | | Ţ | |
| а | Other transfer of cash or property to other organization(s) | | | 1q | X | |
| r | Other transfer of cash or property from other organization(s) | | | 1r | X | |
| | 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 transacti | | | | 21 | |
| | | | | | | |
| | (a) Name of other organization(s) Tri | (b) ansaction | Amo | (c) unt in | volved | ٠. |
| | | ype (a-r) | Allo | ant in | VOIVE | 4 |
| | | | | | | |
| (1) A | ASEE CONVENTION & SEMINAR CORP. | N | . 1 | 050 |),2 | 21 |
| 1.7 - | | | | 05 | ,, 2. | <u></u> |
| (2) | · | | | | | |
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| (3) | | | | | | |
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| (5) | | | | | | |
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| (6) | | | | | | |
| 197 | 21 | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | | (b) Primary activity | (c) Legal domicile (state or foreign | | d) partners 501(c)(3) zations? | (e) Share of end-of- year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|--------------------------------------|----------|-------------------------|--------------------------------------|-----|---|--|-----------------------------------|----|--|----------------------------------|--|
| | | · | country) | Yes | No | | Yes | No | (Form 1065) | Yes | |
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Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

| calendar year 2009, or fiscal year beginning | OCT 1 | , 2009, and ending | SEP | 30 | .≈ <u>10</u> |
|--|-------|--------------------|-----|----|--------------|
| | | | | | |

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

See instructions.

| nternal | Revenue Service | - |
|---------|-----------------|------|
| Name | of exempt pros | ก่าว |

AMERICAN SOCIETY FOR ENGINEERING

Employer identification number

EDUCATION

37-0730118

Name and title of officer

SAE-YOUNG PARK

CHIEF FINANCIAL OFFICER

Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| 1a Form 990 check here > X _ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | | 78321831 |
|---|------|----------|
| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b : | |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) | 5b | |
| | | |

| Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize LARSONALLEN LLP

| X. | Tauthorize LARSONALLEN LLP | to enter my PIN | 20036 | |
|----|---|-----------------|---|---|
| | ERO firm name | | Enter five numbers, but do not enter all zeros | ţ |
| | as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen. | | | |

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

54263920036 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 03-02-10

Form 8879-EO (2009)

20036

Product: Exempt Category:

Name: AMERICAN SOCIETY FOR ENGINEERING IRS Center: Ogden e-Postmark: 8/9/2011 2:04:53 PM

FEIN: 37-0730118 Notification:

Fiscal Year 10/1/2009 **Fiscal Year**9/30/2010

Begin Date: End Date:

| DCN | Date 8/9/2011 | Type Of Activity Upload Started | Submission ID | Refund/(Due) | Updated By |
|-----|---------------|--|----------------------|--------------|------------|
| | 8/9/2011 | Ready to Release by Customer | | | |
| | 8/9/2011 | Released for Transmission - Validation in Progress | | | kgries |
| | 8/9/2011 | Ready to transmit - Validation Complete | | | |
| | 8/9/2011 | Transmitted to FD | 542639201122103f1e04 | | |
| | 8/9/2011 | Accepted by FD | | | |

| Form 990- | Τ | Ε | xempt Organization Bus | | | ax Returr | ւ ⊢ | OMB No. 1545-0687 | | |
|---|---|-------------------|--|-----------|-------------------------|----------------|------------|---|--|--|
| Department of the internal Revenue | e Treasury Service (77) | For ca | (and proxy tax und lendar year 2009 or other tax year beginning OCT 1 | | | EP 30, 20 | 010 | Open to Public Inspection for io1(c)(3) Organizations Only | | |
| A Check addres | | | Name of organization (| changed a | and see instructions.) | | D Emplo | yer identification number byees' trust, see instructions lick D on page 9.) | | |
| B Exempt und | der section P | rint | EDUCATION | MOTI | EBRING | | 3. | 7-0730118 | | |
| X 501(c) | 501(C)(3) Of Number street and room or suite no. If a P.O. how see page 8 of instructions E.Unrelated business activity codes | | | | | | | | | |
| 408(e) | (See instructions for Block E | | | | | | | | | |
| 408A | | | | | | | | | | |
| 529(a) | | | WASHINGTON, DC 20036 | | | · | 5418 | 300 | | |
| at end of yea | G (| | exemption number (See instructions for Block F.) organization type X 501(c) corporatio | | 501(c) trust | 401(a) trust | | Other trust | | |
| | 2898. | | | | | | | | | |
| | | | ry unrelated business activity. COMMERC | | | | | | | |
| | | | pration a subsidiary in an affiliated group or a pare | nt-subsid | liary controlled group? | > | Yes | s X No | | |
| | | | fying number of the parent corporation. PHE ORGANIZATION | | Tolonh | one number 🕨 2 | 202-1 | 331-3500 | | |
| | | | le or Business Income | | (A) Income | (B) Expense | | (Ć) Net | | |
| 1a Gross red | | | o s. <u>Domices mounis</u> | | () | | 3014 | | | |
| | rns and allowar | nces | c Balance | 1c | | | | | | |
| 2 Cost of g | oods sold (Sch | nedule | A, line 7) | 2 | | | | | | |
| | ofit. Subtract lin | | | 3 | | | | A 10 May | | |
| | | | ı Schedule D) | 4a | | | | | | |
| | | | art II, line 17) (attach Form 4797) | 4b | <u> </u> | | VAR. | | | |
| | | | ts | 4c | | | W.W.N. | | | |
| 5 Income (| loss) from partr | nershi | ps and S corporations (attach statement) | 5 | | | 2337. | | | |
| 6 Rent inco | ome (Schedule (| C) | | 6 | | | | | | |
| 7 Unrelated | d debt-financed | | ne (Schedule E) | 7 | | | | , | | |
| | | | nd rents from controlled organizations (Sch. F) | 8 | | | | | | |
| 9 Investme | ent income of a | sectio | n 501(c)(7), (9), or (17) organization | | | | | | | |
| (Schedul | e G) | | | 9 | • | | | | | |
| 10 Exploited | exempt activity | y incoi | ne (Schedule I) | 10 | | | | | | |
| 11 Advertisi | ng income (Sch | hedule | J) | 11 | 329,553. | 304,2 | 292. | 25,261. | | |
| 12 Other inc | ome (See instru | uction | s; attach schedule.) | 12 | | | Gesta. | | | |
| 13 Total. C | ombine lines 3 t | throug | jh 12 | 13 | <u>329,553.</u> | 304,2 | 292. | <u>25,261.</u> | | |
| | | | t Taken Elsewhere (See instructions for | | | . : | | | | |
| | | | tions, deductions must be directly connecte | | | | 1. 1 | | | |
| 14 Comper | isation of office | ers, dir | ectors, and trustees (Schedule K) | | | | 14 | | | |
| 15 Salaries | and wages | | · | | | | | | | |
| | | | | | | | 16 | | | |
| | | | | | | | 17 | | | |
| | | | | | | | 18 | | | |
| | | | Control of the Contro | | | | 19 | | | |
| | | | instructions for limitation rules.) | | | | 20 | | | |
| | | | Sebadula A and alcombara an vatura | | | | 22b | | | |
| 22 Less de23 Depletion | | | Schedule A and elsewhere on return | | , | | 23 | | | |
| | | | nonnection plane | | | | | | | |
| 25 Employe | an hanafit nroar | rame | npensation plans | | | | 25 | | | |
| 26 Excess | ee bellelik progr evemnt evnence | 141115 100 (So | hadula I) | | | | 26 | | | |
| 27 Excess | readershin cost | te (Sct | hedule () | | | | 27 | 25,261. | | |
| 28 Other de | eductions (attac | ch ech | nedule J) edule) | | SEE STAT | EMENT 1 | 28 | 1,833. | | |
| | | | es 14 through 28 | | | | 29 | 27,094. | | |
| | | | come before net operating loss deduction. Subtra | | | | 30 | -1,833. | | |
| | | | | | | | 31 | | | |
| 32 Unrelate | | | | | | | | -1,833. | | |
| | | | \$1,000, but see instructions for exceptions.) | | | | | 1,000. | | |
| 34 Unrela | ted business | | ble income. Subtract line 33 from line 32. If line | | | | | , - | | |
| 000704 | or line 32 | | | | | ····· | 34 | -1,833. | | |
| 923701 01-08-10 LH | A For Privac | cy Act | and Paperwork Reduction Act Notice, see instruc | ctions. | | | | Form 990-T (2009) | | |

| uced or | acquired for resale) apply to | - : - : |
|---------|-------------------------------|------------|
| • | | |

Total. Add lines 1 through 4b 5 the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

property prod

Sign
Here

correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see

Date Title Signature of officer instructions)? X Yes Preparer's SSN or PTIN Preparer's Check if Paid signature self-employed Preparer's Firm's name (or 41-0746749 EIN **Use Only** yours if selfemployed). Phone no.

2900 SOUTH QUINCY ST., SUITE 150 ARLINGTON, VA 22206

4b

Form **990-T** (2009)

703-998-5100

5

Other costs (attach schedule)

| Schedule C - Rent Incon | ne (From | n Real | Proper | ty and | Personal I | Propert | y Lease | ed With Real P | | | |
|---|---|---------------------|---|--|---------------------------------|---|--|--|--|---|--|
| . Description of property | | - | | • | | | | · | | · · · · · · | |
| (1) | | | | | | | | · · | | · | |
| (2) | | | | | | • | • | · | | | |
| (3) | _ | | | | | | | | | | |
| (4) | _ | | | | | | | | | · , | |
| | 2. | Rent receive | ed or accrue | ed | | | | * * * * * | * | | |
| (a) From personal property (if the rent for personal property is 10% but not more than | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | | | | |
| (1) | | | | | | | _ | | | | |
| (2) | | | | | | | | | | · | |
| (3) | | | | | | | | | | | |
| (4) | • | | | | | | | | | <u> </u> | |
| Total | | 0. | Total | | | | 0. | (b) Total deduction | | | |
| c) Total income. Add totals of colum here and on page 1, Part I, line 6, col | umn (A) | | 🕨 | | | | 0. | Enter here and on page Part I, line 6, column (B) | 1, | 0. | |
| Schedule E - Unrelated [| Jebt-Fin | anced | Incom | e (See | instructions or | n page 19 |) | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | 2. Gross inc | come from | | Deductions directly to debt-fi | | | |
| 1. Description of de | roperty | | | or allocable to debt- financed property | | (a) | Straight line depreciation (attach schedule) | n (b) Other deductions (attach schedule) | | | |
| (1) | | 1 | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| (2) | | | . | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a debt-financed debt-financed | | | e adjusted basis allocable to anced property h schedule) | | 6. Column 4 divided by column 5 | | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | | | % | , | | | | |
| (2) | | | | | | % | | | | | |
| (3) | | | | | | % | o o | | | | |
| (4) | | | | | | 9/ | o e | · . | | | |
| | | | | | | · | | ere and on page 1, ne 7, column (A). | F | Enter here and on page 1, Part I, line 7, column (B). | |
| Totals | ************** | | | | | | > | | 0. | 0. | |
| Total dividends-received deduction | | | | | | | | · | <u>▶ </u> | 0. | |
| Schedule F - Interest, Ar | inuities, | Royar | ties, ar | 1 | | | | nizations (See | instruc | tions on page 20) | |
| | | | | Exemp | t Controlled O | rganizatio | | | | | |
| 1. Name of controlled organization 2. Employer ide numb | | mployer ide numb | entification Net unrelated income Total | | | 4. of specified ents made | Part of column 4 that included in the controlling organization's gross incon | | ing connected with income | | |
| (1) | | | | | | | | | 1, 1 | • | |
| (2) | | | | | • | | _ | | | | |
| (3) | _ | | | | | | | | | | |
| (4) | | | • | | | | | | | | |
| Nonexempt Controlled Organiza | | | _ | 1 | | | | | 1 | | |
| 7. Taxable income 8. Net unrelated income (see instructions | | | 9 . Tol | tal of specified pay made | ments | in the con | column 9 that is included trolling organization's pross income | | Deductions directly connected with income in column 10 | | |
| (1) | | | | | | + | | | 1 | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | 1 | | | | | |
| (4) | | | | | | | | | | · | |
| <u> </u> | | | | 1 | | | Add columns Enter here ar line 8, colum | id on page 1, Part I, | Enter I | olumns 6 and 11. here and on page 1, Part I, column (B). | |
| Totals | | | | | | | | 0 | | 0. | |
| 10tals | <u></u> | | | | | , <u>-</u> | | | - 1 | Form 990-T (2009 | |

| Form 990-T (2009) EDUCATIO | _ | | | | | | <u> 37-0</u> | 73011 | 8 Pag |
|---|--|--|---|--|---|--|-----------------------------------|---|--|
| Schedule G - Investment | Income of a sions on page 20) | Section 5 | 01(c)(7 |), (9), or (17) O | rganizat | ion | | | |
| 1. Descriptio | | 2. Amount of income direct | | uctions connected | 4. Set-asides (attach schedule) | | 5. Total deduction and set-asides | | |
| (1) | | | | | (attach s | schedule) | , | <u> </u> | (col. 3 plus col. 4) |
| (2) | | | | • | | <u> </u> | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | Enter here and on page 1, | 12 18 18 18 18 18 18 18 18 18 18 18 18 18 | | TAKK. | | Enter here and on page |
| | | | f | Part I, line 9, column (A). | | | | | Part I, line 9, column (E |
| Totals | , | | | . 0 . | | | | | (|
| Schedule I - Exploited Ex | | Income, | Other | Than Advertis | ing Inco | me | | | |
| (see instruction | ons on page 21) | | | | - | | | | |
| exploited activity | 2. Gross inrelated business income from trade or business | 3. Expendirectly connumber with produce of unrelated business in | nected ction ed | business (column 2 from minus column 3). If a is no | | s income ivity that nrelated s income 6. Expenses attributable to column 5 | | butable to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | - | | | | | | | | , |
| (3) | | - | | • | | | | • | |
| (4) | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here a page 1, Pa line 10, col | arti, 🧍 | | | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | • | 0. | | | | | | % |
| Schedule J - Advertising Part I Income From Per | Income (see i | nstructions o | on page : | 21) | | | | | |
| 1. Name of periodical | 2. Gross advertising | | Direct | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt | 5. Ci | rculation | | eadership costs | 7. Excess readership costs (column 6 minus column 5, but not more |
| | income | | | cols, 5 through 7. | | | , | | than column 4). |
| (1) PRISM | 211,90 | | ,292. | | 597 | ,307. | 798 | ,111. | |
| (2) WEB ADVERTISING | 117,65 | 3. | 0 | | | 0. | • | 0. | |
| (3) | | | | | Ze - | | | · | |
| (4) | | | | | 13 | | | | |
| Totalé (carry to Part II. line (5\) | 329 55 | 3 304 | 202 | 25 261 | 597 | 307 | 70'9 | 111 | 25 261 |
| Totals (carry to Part II, line (5)) Part II Income From Pei | riodicals Rep | orted on | a Sepa | . 25 , 261 rate Basis (For | each perio | dical liste | d in Par | <u>, , , , , , , , , , , , , , , , , , , </u> | 25,26 |
| columns 2 through 7 o | | | • | (| | | * | • | |
| 1. Name of periodical | 2. Gross advertising income | | Direct sing costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compt cols. 5 through 7. | | | 6. Readership costs | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | | | | | | | ** | | <u> </u> |
| (3) | | | | | | | | | |
| (4) | • | | | | | | | | · |
| (5) Totals from Part I | 329,55 | 3. 304 | ,292 | | | | o sa 1971 a ra Para Vulgas | | 25,261 |
| | Enter here and o page 1, Part I, line 11, col. (A) | page | ere and on 1, Part I, , col. (B). | | | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | ▶ 329,55 | 3.304 | ,292 | | | MASA | | | 25,262 |
| Schedule K - Compensat | tion of Office | rs, Direct | ors, an | d Trustees (see | e instructio | | | | • |
| 1. Name | • | | | 2. Title | | 3. Perce time devo busine | ted to | | ensation attributable related business |
| | <u> </u> | | | | | | . % | | |
| | _ | | | | | | % | | |
| | | | | | | | % - | | <i></i> |
| | | | | | | + | | | |

Form **990-T** (2009)

Total. Enter here and on page 1, Part II, line 14

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 1 |
|-------------------------|------------------|-----------|-----|
| DESCRIPTION | | AMOUNT | |
| TAX PREPARATION FEE | | 1,8 | 33. |
| TOTAL TO FORM 990-T, PA | GE 1, LINE 28 | 1,8 | 33. |