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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury				assets less than \$1,250,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection									
A For the 2009 calend			ar vear.	 _	January 1		and ending				, 20 09		
_				C Name of organization				D Employer identification number					
~		change	use IRS	use IRS Achievement Institute of Scientific Studies				,	33-0734877				
≒≒		label or					E Telep	Telephone number					
==	initial ret Termina	ol return type. See 1621 Bullard Ln							714-544-0346				
片		Specific Co. and an additional TIP. 4						F Grou	oup Exemption				
≍		ion pending	tions	Santa Ana, California, 92	705s			Num	umber ▶				
	• Sec	ction 501(c)(3)	organiz	zations and 4947(a)(1) non-	exempt charitable trus	ts must attach	G Accou	inting Me	ethod	V	Cash		
			a cor	mpleted Schedule A (Form	990 or 990-EZ).		Other	(specify)	_ _				
							H Check	< ▶ 🗆 i	if the organization is not				
-	Vebsi			ion.com			— ı ·		ttach Schedule B (Form 990,				
J Tax-exempt status (check only one) — ✓ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-Pf								0-PF)_					
-	Check		-	zation is not a section 509(a		_	•	•			an \$25,000 A		
				turn is not required, but if t						ırn.			
				e 9 to determine gross receipt					\$	for	100,097.50		
	art I			enses, and Changes		una Balanc	es (See me	instruc		101			
	1			ts, grants, and similar an					1		99,050		
	2	Ū		revenue including govern	iment fees and contra	cts	•	•	2				
	3 4	Investmen	•	s and assessments				•	3 4		1,047.50		
	5a			ne	on inventory		١	. 0	4		1,047.50		
	b			er basis and sales expens		5a 5b	<u> </u>	0					
	C						ine 5a)		5c		0		
e	6		oss) from sale of assets other than inventory (S) otract line 5b from line 5a)						7.00				
ē	a			ot including \$	go of optimb	utions	g ,		Ĵ				
Revenue		reported o	n lıne 1	1	. 90: /) . 6a		o	gre,				
-	ь	Less: direc	t exper	nses other than fundraisi	ng expenses	6b		0					
	c			ss) from special events		line 6b from	line 6a) .		6c		0		
	7a			ventory, less returns and		7a	1	0					
	b	Less: cost				7b		0					
	С	Gross prof	it or (lo	ss) from sales of invento	Type tract line 7b fro	om line 7a)			7c	/c			
	8	Other reve						[8		0		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 50 6€	,7c, and 8	<u> </u>		. ▶	9		100,097.50		
	10	Grants and	l sımılaı	r amounts paid (attach s	chedule)			. [10		17,736.10		
	11	Benefits pa	aid to o	r for members							0		
ses	12			mpensation, and employ					12				
Expenses	13		Professional fees and other payments to independent contractors						13 36,202.00				
X	14	•		rent, utilities, and maintenance					14 0				
ш	15	• .			•	•		· :	15		3,096.80		
	16 17			describe ► web hosting Add lines 10 through 16				— <u>'</u> }	16				
	18			for the year (Subtract lin					18		-3,171.66		
Net Assets	19			d balances at beginning				with	**<		0,111.00		
155	'-			reported on prior year's				1	19		163,790 50		
et/	20	-	-	net assets or fund balance	•			H	20		0		
Ž	21		-	d balances at end of year	•	•		. ▶	21		160,618.84		
Pa	art II			ts. If Total assets on line			more, file For	m 990 i		d of			
	(See the instructions for Part II.) (A) Beginning						(B) Eng of year						
22	C	ash, savings,	, and in	vestments				163,79	0.50 2	22	160,618.84		
23	L	and and build	dings .						0 2	23	0		
24		Other assets (describe ▶)					0 2	24	0				
25	5 Total assets					163,79	0.50	25	160,618.84				
26 Total liabilities (describe ►)					0 2	_	0						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 163,				163,79	90.50 2	27	160,618.84						

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

Cat No 106421

Form **990-EZ** (2009)



	302 ()					, ugo a		
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
Wha	t is the organization's primary exempt purpose?	Educate poor/bright high se	(Required for section					
		ganization's exempt purposes. In a clear and concise				501(c)(3) and 501(c)(4) organizations and section		
	_	of persons benefited, and other relevant information for				a)(1) trusts, optional		
each	program title				for ot	hers)		
28	Student Educational expenses: direct stipends/paym	nents to students, classroom	instruction,					
	curriculum development, outreach, classroom mater							
	student portfolios, books, fees for entrance to state	parks.		***				
	(Grants \$ 0) If this amount	28a	20,001.10					
29	Program Development: Community outreach and pu							
	scheduling speakers and classrooms, field trips, ins							
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	47,578.99		
30	Fund Raising: This includes grant writing and super	vision of grant applications i	n process,					
	outreach to grant organizations, etc.							
		includes foreign grants, che	eck here	. ▶ 🗆	30a	18,300		
31	Other program services (attach schedule) .							
		includes foreign grants, che	eck here .	<u> </u>	31a	0		
	Total program service expenses (add lines 28a t		· · · · · ·	▶	32	85,880.09		
Par	t IV List of Officers, Directors, Trustees, and Key	· · · · · · · · · · · · · · · · · · ·						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution (d)		(e) Expense account and		
		devoted to position	enter -0)	deferred compe	nsation	other allowances		
	J. Riordan	President, 30						
1621	Bullard Lane, Santa Ana, CA 92705		0		0	0		
	e Hernandez	Vice President, 2						
	BOX 4173 SANTA ANA, CA, 92702-4173	7100 7 700100111, 2	0		0	0		
Floy	d Wallace	Treasurer, 8						
	Bullard Lane, Santa Ana, CA 92705		0		0	0		
	Britain	Member, 2						
	0 PIONEER ROAD, TUSTIN. CA, 92762		0		0	0		
	Gilcrhist	Member, 2				}		
	1 WOODGLEN, SANTA ANA, CA, 92705		0		0	0		
	beth Riordan	Member, 2						
1621	Bullard Lane, Santa Ana, CA 92705		0		. 0	0		
	y Myers	Member, 2						
	COLONIAL WAY TUSTIN CA, 92780		0		0	0		
	y Johnson	Member, 2						
313 E	EAST VIRGINIA SANTA ANA. CA, 92706		0		0	0		
					_			
								
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	···							
·	***************************************		İ					
			- -					
				1				

Part	Other Information (Note the statement requirements in the instructions for Part V.)						
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	******	1			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		T			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			/			
b	Did the organization file Form 1120-POL for this year?	37b	Ĺ	✓			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	∴ 38a		, ·			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		ş				
39	Section 501(c)(7) organizations Enter:	}					
а	Initiation fees and capital contributions included on line 9		\$	14.3			
b	Gross receipts, included on line 9, for public use of club facilities			*			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶		i Ži				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	28	XI.	i			
	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	40ь		✓			
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	* ,	, , , , , , , , , , , , , , , , , , ,				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	****		24			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	ŽX.				
41	List the states with which a copy of this return is filed. ▶						
42a	The organization's books are in care of ▶ Paul Riordan Telephone no. ▶ 7	714-54	4-034	6			
	Located at ► 1621 Bullard Lane, Santa Ana, CA ZIP + 4 ►						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b		✓			
	If "Yes," enter the name of the foreign country: > See the instructions for executions and filing requirements for Foreign Road.	\$,%	/s 🕸	**			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	*	. 48.	*			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	_	_ ✓_			
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here						
43	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	· '				
44	Did the agreement of resistation and decreased for deal K (Van II Form 200) and the		Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ						
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		_			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1			
		n 990)-EZ	(2009)			

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	l7(a)(1) nonexempt chari	xempt charitat table trusts mus	ole trusts only. A st answer questio	ll sectio ns 46–4	n 9b				
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to									
	candidates for public office? If "Yes," complete Schedule C, Part I									
		d the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an ex	•	-		49a 49b	1				
	If "Yes," was the related organization a section 527 organization?									
	employees) who each received more than \$100,0									
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp					
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	accour other allo					
None					01.10. 4.10	<u></u>				
						_				
		· .								
f	Total number of other employees paid over \$100	0.000 ▶	None							
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) ⊤y	pe of service	(c) Compe	nsation				
d	Total number of other independent contractors e	ach receiving over \$100,00	. ►	None						
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	d this return, including accompany of preparer (other than officer) is b	ring schedules and sta ased on all information	atements, and to the bes n of which preparer has a	t of my kno iny knowled	wledge dge				
Sign Here	Storature of officer Floyd Wallace, Treasurer Type or print name and title			4/7/2 Date	010					
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying num	ber (See inst	ructions)				
Prepare Use Oni	r's Firm's name (or yours if self-employed),		employed ► L							
May the	a IRS discuss this return with the preparer shown	ahovo2 Soo instructions	Pt	none no	V	۱				
iviay tile	e IRS discuss this return with the preparer shown	above / See Instructions		▶ <u></u>	<u>Yes </u>	No (2009)				