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Department of the Treasury Internal Revenue Service

EXTENSION GRANTED UNTIL AUGUST 16, 2010

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)

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

OMB No 1545-0047 Open to Public inspection

A	F	or the 2	009 calendar year, or tax year beginning and ending	9	
В	Ch ap	eck if plicable	Please Use IRS AMERICAN INDIAN SCIENCE AND ENGINEERING	D Employer identifi	cation number
_ [Address change	label or point or SOCIETY		
ම් [Name change	type Doing Business As	73-1	023474
		Initial return Termin-	See Specific Instruct 2 3 0 5 RENARD PLACE SE ROOM/ 200		765–1052
		lated Amended		G Gross receipts \$	2,593,152.
3 7		retum Applica- tion	tons City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87106	H(a) Is this a group r	
		pending	F Name and address of principal officer: PAMALA M. SILAS	for affiliates?	Yes X No
9117			2305 RENARD SE SUITE 200, ALBUQUERQUE, NM	8 H(b) Are all affiliates in	
 	Tá	x-exem	pt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
			► WWW.AISES.ORG	H(c) Group exemption	· ·
ŻΚ.	Fo	rm of or	ganization X Corporation Trust Association Other ▶ L	Year of formation 1977 i	M State of legal domicile NM
		rt I S	ummary		
	يو	1 Br	efly describe the organization's mission or most significant activities: TO PROMO	OTE EDUCATIONA	<u>T</u>
	and	<u>O</u>	PPORTUNITIES FOR NATIVE AMERICAN YOUTH IN		
	Activities & Governance		eck this box I if the organization discontinued its operations or disposed of	ı	
Č	<u> </u>		imber of voting members of the governing body (Part VI, line 1a)	3	9
•	න්		imber of independent voting members of the governing body (Part VI, line 1b)	5	14
	ĕ		tal number of employees (Part V, line 2a)	6	0
	<u>ا</u> چَ		tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	ĕ		at unrelated business taxable income from Form 990-T, line 34	7b	0.
_	T		A STRONG SOUTH SECTION OF THE STRONG STRONG SECTION OF THE SECTION OF TH	Prior Year	Current Year
		8 C	ontributions and grants (Part VIII, line 1h)	1,651,538.	
	Ĕ		ogram service revenue (Part VIII, line 2g)	790,749.	1,139,094.
	Hevenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	25,438.	16,402.
		11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,579.	
_			tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,471,304.	
			ants and similar amounts paid (Part IX, column (A), lines 1-3)	243,392.	253,408.
		14 Be	enefits paid to or formembers (Part IX, column (A), line 4)	615 666	672 672
	ses	15 Sa	aries, other-compensation, employee benefits (Part IX, column (A), lines 5-10)	615,666.	672,673.
	Expenses	16a Pr	ofessional fundraising fees (Part 18 column (A), line 11e) takfundraising expenses (Part IX, regiumn (D), line 25) 197, 379.		
ı	אָן אַ	17 O	her expenses (Part IX, column 4A). Hires 11a-11d, 11f-24f)	1,609,536.	1,750,518.
	İ	17 Of 18 To	tol expenses (Part IX, Column 44), Impes 11a-11d, 111-241)	2,468,594.	
		19 Re	tal expenses. Add times 13 17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	2,710.	<90,260.>
7	ig.	10 110	Vertice 1633 oxformation and 16 West miles 12	Beginning of Current Year	End of Year
Ste.		20 To	tal assets (Part X, line 16)	1,979,962.	1,979,454.
Ace	Fund Balances	21 To	tal liabilities (Part X, line 26)	410,666.	381,947.
S	듄	22 N	et assets or fund balances. Subtract line 21 from line 20	1,569,296.	1,597,507.
	Рa		Signature Block		
		U a	nder penalties of perjury, I declare that I have examined this retum, including accompanying schedules and staten id complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	nents, and to the best of my knowled riedge	lge and belief, it is true, correct,
		1.	Burnalam Silan	1 7/2	2/10
	ign	11	Signature of officer	Date	
Н	lere	• •	•	Dal o	
			PAMALA M. SILAS, CHIEF EXECUTIVE OFFICER Type or print pane and title	-	
-		<u> </u>	A Date	Check if Prepa	rer's identifying number
P	aid		reparer's 7/20/10	self- employed ► [(see if	structions)
P	rep	arer's F	m's name of PULAKOS CDAS, PC	EIN ►	
U	St (siiiy ś	Purs if 8801 HOBIZON BLVD., NE, SUITE 300	E114 -	
		a	ALBUQUERQUE, NM 87113	Phone no ► (505) 338-1500
N	/lay		discuss this return with the preparer shown above? (see instructions)		X Yes No
_		1 02-04-		e instructions.	Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2009) SOCIETY 73-1023474 Page 2
	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO PROMOTE EDUCATIONAL OPPORTUNITIES FOR NATIVE AMERICAN YOUTH IN THE
	FIELDS OF SCIENCE AND ENGINEERING.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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? If "Yes," describe these changes on Schedule O.
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 and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:)(Expenses \$ 831,510. including grants of \$)(Revenue \$ 937,869. CONFERENCE - THE ANNUAL NATIONAL CONFERENCE IS AISES' MAJOR EVENT HOSTED EVERY YEAR FOR ITS CONSTITUENTS, AND THE CAREER FAIR OFFERS COMPANIES A UNIQUE FORUM FOR RECRUITING AMERICAN INDIAN STUDENTS AND PROFESSIONALS. 1,440 INDIVIDUALS ATTENDED THE 2009 CONFERENCE, WITH MORE THAN HALF OF THOSE BEING AMERICAN INDIAN HIGH SCHOOL AND COLLEGE STUDENTS.
4b	(Code:)(Expenses \$ 842,208. including grants of \$)(Revenue \$ TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS, AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM MIDDLE SCHOOL THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHERS TO WORK EFFECTIVELY WITH NATIVE STUDENTS.
4c	SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE AND GRADUATE STUDENTS WHO ARE MEMBERS OF AISES FOR LEADERSHIP AND ACADEMIC
	ACHIEVEMENT. AISES ADMINISTERS FIVE TYPE OF SCHOLARSHIPS.
	Other program convices (Departs in Schedule O.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 118,526 • including grants of \$) (Revenue \$)
	Total program service expenses ►\$ 2,045,652.

Part W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	37 /	2
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
9	Schedule D, Part III	0		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
10	If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	··•		
•	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			17
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes. No 12A X			
40		10		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		$\frac{x}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Earm	aan /	onna

Form 990 (2009) Part IV Checklist of Required Schedules (continued)

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	No
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 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 24 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 25b 25a Section 501(c)(4) organization and 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 II 25b 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 Was a loan to or by a current or other assistance to an officer, director, trustee, key employee, substantial	
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	
	X
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	
Schedule L, Part III	_X_
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	Х
c 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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29	<u> X</u>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	<u>X</u>
31 Did the organization liquidate, terminate, or dissolve and cease operations?	
If "Yes," complete Schedule N, Part I	<u> X</u>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
Schedule N, Part II	<u> X</u>
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	<u>X</u>
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	
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	<u>X</u>
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	
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	<u>X</u>
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	

Form 9	990 (2009) SOCIETY 73-1023	<u>474</u>	_ P	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return $oldsymbol{2a}$			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
4a	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 account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank 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 transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
	any contributions that were not tax deductible?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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 was required			
	to file Form 8282?	7c	<u> </u>	Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year? N/A	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			

12b

Form **990** (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) 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.

Sec	tion A. Governing Body and Management					
			_ [Yes	No
1a	Enter the number of voting members of the governing body	1a	9			
b	Enter the number of voting members that are independent .	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any ot	her			
	officer, director, trustee, or key employee?		. }	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct supe	ervision			
	of officers, directors or trustees, or key employees to a management company or other person?			_3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form		filed?	_4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	?	1	_ 5		X
6	Does the organization have members or stockholders?			6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	nbers of the	•	_	v	
	governing body?	_		7a	Х	<u>x</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, stockholders, or other personal transfer of the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members, and the governing body subject to approval by members and the governing body subject to approval by members and the governing body subject to approval by members and the governing body subject to approval by members and the governing body subject to approval by members and the governing body subject to approval by members and the governing body subject to approval by the governing body subject to approve the go			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	unng the ye	ear			
	by the following:			0-	х	
a	The governing body?	•	ŀ	8a_	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	neo at the		9		Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ronus Code		9		<u>~~</u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Coue	5. /		Yes	No
100	Does the organization have local chapters, branches, or affiliates?		ĺ	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such c	hanters aff	iliates ·			
	and branches to ensure their operations are consistent with those of the organization?	naptoro, an		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	 na the form	?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.g				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give rise				
_	to conflicts?	3		12b	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," descл	be			
	in Schedule O how this is done			12c	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 indeper	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	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 arrangem	ent with a				.,
	taxable entity during the year?	٠	•	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ıcıpation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NM	(504/-)/(2)-		.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T ((5)(3)1 UC	oniy) available	101		
	public inspection. Indicate how you make these available. Check all that apply.					
46	Own website Another's website X Upon request	afliat af is t	root action	a fin-	noici	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	milet of inte	arest policy, ar	io iina	uiciai	
00	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and	d rocerdo a	f the organizat	ion.	•	
20	LAWRENCE M. HOLMES - 505-765-1052	u records 0	ı in e organizat	.ioii. -		
	2305 RENARD PLACE SE, # 200, ALBUQUERQUE, NM 87106	5		_		
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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)	(B)	[11011) C)	,		(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per	çţ	1		İ			from the	from related organizations	other compensation
	week	a iii		ŀ		至		organization	(W-2/1099-MISC)	from the
		\$2 \$2 \$3	triste		₽R	Suadi		(W-2/1099-MISC)	(,	organization
		tuat tr	tional		yold	15 gg	_			and related
		Individual trustee or director	Institutional trustee	eg Officer	Кеу етріоуев	Highest compensated employee	Former			organizations
DOROTHY PENDER				_	-	ļ		-		
CHAIR	10.00	Х						0.	0.	0.
EVERETT CHAVEZ	•								, , , , ,	
VICE CHAIR	3.00	Х						0.	0.	0.
MARY JO ONDRECHEN										
SECRETARY	3.00	X						0.	0.	0.
KIUTUS TECUMSEH										_
TREASURER	3.00	X						0.	0.	0.
ANTHONY KAHN							ŀ		_	
MEMBER	3.00	X			<u> </u>	_	<u> </u>	0.	0.	0.
DEAN SENECA							1			
MEMBER	3.00	X		<u> </u>	ļ	_	_	0.	0.	0.
PAMALA M. SILAS	40.00	l						02 411		0.730
CHIEF EXECUTIVE OFFICER	40.00	X	<u> </u>	X	<u> </u>	_	┞	83,411.	0.	9,738.
SHIRLEY LACOURSE	40 00	.,		17	İ			66 605	0.	0 022
DEPUTY DIRECTOR	40.00	X	-	Х	1	-	\vdash	66,605.	<u> </u>	8,032.
DONALD R FARAONE	40.00	Х		X				35,813.	0.	326.
FINANCE DIRECTOR IONA BLACK	40.00	┢		^	├		\vdash	33,013.	<u> </u>	320.
MEMBER	3.00	X						0.	0.	0.
JAMES H. MAY	3.00	<u> </u>	 	-	\vdash		├	-		
MEMBER	3.00	X			ļ			0.	0.	0.
MARLENE D. WATSON				<u> </u>		T		<u> </u>		
MEMBER	3.00	X				1		0.	0.	0.
MATTHEW BECHTEL							1			
DIRECTOR OF FINANCE	40.00	X		X				43,110.	0.	3,876.
AMBER FINLEY					İ					
SR. STUDENT REP. (NON-VO	3.00							0.	0.	0.
HARLAN GREELEY										
JR. STUDENT REP. (NON-VO	3.00	$oxed{igspace}$	<u> </u>	L	_	$oxed{igspace}$	_	0.	0.	_0.
		\vdash	├-	-	\vdash	╁╴	-	<u> </u>		
				1						
				•				•		Form 990 (2009)

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Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
(A)	(B)			(0	2)			(D)	(E)	'	(F)
Name and title	Average	/6		Pos			. 	Reportable	Reportable	1	mated ount of
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated and employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compo from organ and	ther ensation m the nization related izations
<u> </u>	 	-								<u> </u>	
	<u> </u>	-	_			-				ļ	
		ļ		ļ	_	<u> </u>	_			ļ	
		 									
		-								-	
		<u> </u>				_			-		
									. <u>-</u>		
			-								
1b Total		<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	228,939.	0	. 21	,972.
2 Total number of individuals (including but	not limited to ti	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 in reportable		0
compensation from the organization										\	res No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	olqr	yee,	or t	nighest compensated er	nployee on	3	х
4 For any individual listed on line 1a, is the s	um of reportab	le co							the organization		х
and related organizations greater than \$15Did any person listed on line 1a receive or									Ices rendered to	4	
the organization? If "Yes," complete Scheel Section B. Independent Contractors	dule J for such	pers	on							5	X
Complete this table for your five highest or	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compen	sation fro	om
the organization. NONE	· · · · · · · · · · · · · · · · · · ·			-				(B)		(C)	
Name and busines	s address							Description of s	services	Compens	
						-					
		-	-								
										-	
	· · · · · · · · · · · · · · · · · · ·	_									
2 Total number of independent contractors \$100,000 in compensation from the organ		not li	mıte	d to		se li 0	stec	d above) who received n	nore than		
						-				Form 9	90 (2009)

Miscellaneous Revenue Business Code 21,451. 900099 21,451 11 a OTHER REVENUE d All other revenue 21,451 e Total. Add lines 11a-11d 2,586,339.1,160,545. 0. 14,373. 12 Total revenue. See instructions 932009 02-04-10 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	and 501 (c)(4) organizat lete column (A) but are			(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	253,408.	253,408.		
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	250,911.	140,510.	85,310.	25,091.
6	Compensation not included above, to disqualified	, i	· · · · · ·	,	· · · · · · · · · · · · · · · · · · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	322,727.	160,324.	102,489.	59,914.
8	Pension plan contributions (include section 401(k)	44 005			
	and section 403(b) employer contributions)	11,227.	6,287.	3,817.	1,123. 4,113.
9	Other employee benefits	41,131.	23,033.	13,985.	4,113.
10	Payroll taxes .	46,677.	26,139.	15,870.	4,668.
11	Fees for services (non-employees):				
a	Management .				
b	Legal Legal	28,186.		28,186.	·
4	Lobbying	20/1001		20,200	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	448,271.	360,221.	40,248.	47,802.
12	Advertising and promotion				
13	Office expenses	39,079.	33,452.	4,449.	1,178.
14	Information technology				
15	Royalties .				<u> </u>
16	Occupancy	99,946.	54,867.	39,616.	5,463.
17	Travel	185,100.	161,246.	13,785.	10,069.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	425 160	435 160		
19	Conferences, conventions, and meetings	435,169.	435,169.		
20	Interest				<u> </u>
21	Payments to affiliates	34,375.		34,375.	
22 23	Depreciation, depletion, and amortization Insurance	34,373.		34,373.	
24	Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PARTICIPANT COSTS	170,557.	170,557.	0.	0.
b	AWARDS & GIFTS	89,534.	84,659.	964.	3,911.
c	MISCELLANEOUS	65,553.	29,019.	27,911.	8,623.
d	PRINTING	47,587.	37,380.	382.	9,825.
е	HOUSING ALLOWANCE	34,575.	34,575.	0.	0.
f	All other expenses	72,586.	34,806.	22,181.	15,599.
25	Total functional expenses. Add lines 1 through 24f	2,676,599.	2,045,652.	433,568.	197,379.
26	Joint costs. Check here I 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				Form 990 (2009)
93201	0 02-04-10				FOULD プラゼ (2009)

Form 990 (2009)

Part)	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	156,187.	1	133,234.
2	Savings and temporary cash investments	1,013,946.	2	998,714.
3	Pledges and grants receivable, net .	49,777.	3	60,380.
4	Accounts receivable, net	342,846.	4	421,256.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
ε	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 ع	Notes and loans receivable, net		7	
Assets	Inventories for sale or use	11,620.	8	9,663. 32,539.
۶ ک	Prepaid expenses and deferred charges	88,800.	9	32,539
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 365,585.			
	b Less: accumulated depreciation 186,254.	157,426.	10c	179,331.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	159,360.	12	144,337
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,979,962.	16	1,979,454. 72,777.
17	Accounts payable and accrued expenses	71,645.	17	72,777.
18	Grants payable		18	
19	Deferred revenue .	339,021.	19	309,170.
20	Tax-exempt bond liabilities		20	
စ္ထ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
₫ 22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities 5	highest compensated employees, and disqualified persons. Complete Part II			
_	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	· <u> </u>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26		410,666.	26	381,947.
	Organizations that follow SFAS 117, check here			
S S	lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	536,608.	27	447,083.
E 28	Temporanly restricted net assets .	371,457.	28	489,193.
_ 29	·	661,231.	29	661,231.
Ē	Organizations that do not follow SFAS 117, check here and			
0	complete lines 30 through 34.			
ş 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	4 - 2	32	
Z 33		1,569,296.	33	1,597,507.
	Total liabilities and net assets/fund balances	1,979,962.	34	1,979,454.

Form **990** (2009)

AMERICAN INDIAN SCIENCE AND ENGINEERING

73-1023474 Page 12 Form 990 (2009) Part XI Financial Statements and Reporting Yes No X Accrual Accounting method used to prepare the Form 990: Cash 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 X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Зь

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.

OMB No 1545-0047

2009

pen to Public Inspection

Employer identification number AMERICAN INDIAN SCIENCE AND ENGINEERING Name of the organization SOCIETY 73-1023474 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III · Functionally integrated d ___ Type III · Other **b** Type II 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 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, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (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 in col (i) organized in the organization in col (i) listed in your organization in col support organization (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes No LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 SOCIETY

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	İ					
	membership fees received. (Do not						
	include any "unusual grants.")	729,160.	1570733.	1519278.	1654716.	1411421.	6885308.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	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	729,160.	1570733.	1519278.	1654716.	1411421.	6885308.
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)						817,054.
6	Public support. Subtract line 5 from line 4						6068254.
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	729,160.	1570733.	1519278.	1654716.	1411421.	6885308.
8	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	22,607.	42,698.	45,627.	25,438.	16,402.	152,772.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	111,306.	34,927.	65,768.	3,894.	26,235.	242,130. 7280210.
11	Total support. Add lines 7 through 10					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7280210.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,822,719.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here		=			▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) di	vided by line 11, o	otumn (f))		14	83.35 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	83.61 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization		••		$\triangleright X$
ŧ	33 1/3% support test - 2008. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		. ▶□
t	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets ti	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶ □
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶ □

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for O			-			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	(0) 2007	(4) 2000	(0) 2,000	(1) 1014
membership fees received. (Do not						
Include any "unusual grants.")						
· · · · · · · · · · · · · · · · · · ·				- 		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the					ļ	•
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon'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						
7a Amounts included on lines 1, 2, and	 -					
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						-
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						-
8 Public support (Subtract line 7c from line 6)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			 		
Section B. Total Support		1	<u> </u>	1	ı	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	<u> </u>	(5) 2000	(0) 2007	(4) 2000	(0) 2003	(i) Total
10a Gross income from interest,		<u> </u>				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			<u> </u>			
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
14 First five years. If the Form 990 is for t	he organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶_
Section C. Computation of Public	: Support Pe	rcentage		_		
15 Public support percentage for 2009 (lin	ie 8, column (f) d	livided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Part	III, line 15	_ <u>. </u>	<u> </u>	16	
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
	008 Schedule A,	Part III, line 17			18	
18 Investment income percentage from 20			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
• –	organization did i					► □
19a 33 1/3% support tests - 2009. If the c			rfies as a publicly s	supported organiz	ation	. ▶ ∟
19a 33 1/3% support tests - 2009. If the comore than 33 1/3%, check this box and	d stop here . The	organization qual				. ►∟ and
19a 33 1/3% support tests - 2009. If the comore than 33 1/3%, check this box and b 33 1/3% support tests - 2008. If the comored tests - 2008.	d stop here. The organization did r	organization qual not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	. ►∟ and ►
19a 33 1/3% support tests - 2009. If the of more than 33 1/3%, check this box and	d stop here. The organization did i ik this box andst	organization qual not check a box or top here. The orga	n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp	nore than 33 1/3%, a corted organization	. P∟ and P□

AMERICAN INDIAN SCIENCE AND ENGINEERING

Schedule A (Form 990 or 990-EZ) 2009 SOCIETY	73-1023474 Page
Part.IV Supplemental Information. Complete this part to provide the explanations required by Part II,	line 10; Part II, line 17a or 17b;
and Part III, line 12. Provide any other additional information. See instructions.	
SCHEDULE A, PART II, SECTION B, LINE 10: OTHER INCOME IS	GENERATED FROM
MANAGEMENT FEES, LEADERSHIP FEES, SALES OF INVENTORY ITEM	S, AND SHIPPING
CHARGES.	
	
	<u> </u>
 	
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Schedule D

. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds

Employer identification number 73–1023474

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
<u></u>	organization answered "Yes" to Form 990, Part IV, line		
	organization anomored Too to Form 500, Fart 17, mile	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4			
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	writing that the accets hold in departative	lood fundo
3			Yes No
e	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	- ·	_
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Do	rt II Conservation Easements. Complete if the org	position angulated "Vest to Form 000	
	H Districted		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	· —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		1
			Held at the End of the Tax Year
а	Total number of conservation easements	• •	
Ь	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	, ,	2c
d	.,		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements of	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt Ⅲ Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o		
	these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	67 A		▶ \$
2	If the organization received or held works of art, historical tre		ial gain, provide
-	the following amounts required to be reported under SFAS 1		and broting
_	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	▶ ¢
a	Assets included in Form 990, Part X	•	• • • • • • • • • • • • • • • • • • •
D			💆 🛡

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Schedule D (Form 990) 2009

4 Describe in Part XIV the intended uses of the	organization's endowment	funds.		
Part VI Investments - Land, Building	is, and Equipment. Se	ee Form 990, Part X, line 1	0.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		13,879.	6,991.	6,888
d Equipment		345,206.	179,263.	165,943
e Other		6,500.		6,500
Total, Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X, colur	mn (B), line 10(c).)	•	179,331

Schedule D (Form 990) 2009

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Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value	((c) Method of valua Cost or end-of-year man	
Financial derivatives				
Closely-held equity interests				
Other				
INVESTMENT IN AISES				
PUBLISHING	144,337.	COST	<u> </u>	
	-			·
		·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	144,337.			······································
Part VIII Investments - Program Related. S		3		
	1	.	(c) Method of valua	ation:
(a) Description of investment type	(b) Book value	(Cost or end-of-year mai	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	15			
Part IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
	Dosonption			(b) Book Value
			-	
				 .
	· · · · · · · · · · · · · · · · · · ·			
				
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>	
Part X Other Liabilities. See Form 990, Part X	, line 25.	42.4	ļ	
1. (a) Description of liability		(b) Amount	_	
Federal income taxes			_	
			\dashv	
			\dashv	
			\dashv	
			-	
			┥	
	· ·		-	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)		7	
2. FIN 48 Footnote. In Part XIV. provide the text of the footnote.		financial stateme	nts that reports the ord	anization's liability for

uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	in answered "Yes" on For	" on Form 990, Pa	rt IV, line 21 or 22.		Open to Public
Name of the organization	AMERICAN	INDIAN SC	SCIENCE AND E	ENGINEERING				Employer identification number 73-1023474
Part 1 General Inform	General Information on Grants and Assistance	and Assistance						
1 Does the organization	maintain records י	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedure	the grants or ass	iistance?	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	funds in the United	d States.			X Yes No
art #	her Assistance to	Governments and	1 Organizations in the	e United States. C	Complete if the orga	anization answered "Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that re	sceived more than	\$5,000. Check this	box if no one recipler	nt received more th	nan \$5,000. Use Pe	art IV and Schedule I-1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	al space is needed 🔻 🗶
1 (a) Name and address of organization or government	ss of organization nent	(9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	section 501(c)(3) other organization	and government or	ganizations					A A
LHA For Privacy Act and	1 Paperwork Redi	uction Act Notice,	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.				Schedule I (Form 990) 2009

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Page 2

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Schedule I (Form 990) 2009 SOCIETY

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 recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	231	253,408.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS ARE PROVIDED TO THE EDUCATION	ARE PRO	VIDED TO T	HE EDUCATI	NO	:
OF THE RECIPIENT	PPLICATIO	FOR APPLICATION AGAINST THE		RECEIPIENTS	
TUITION AND FEES.					

SCHEDULE O (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

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING

Employer identification number 73-1023474 SOCIETY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENGINEERING. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: INTERNSHIPS - THE AISES INTERNSHIP PROGRAM IS A SUMMER PROGRAM THAT PROVIDES OUALIFIED COLLEGE STUDENTS WITH INTERNSHIP OPPORTUNITIES TO EXPLORE POTENTIAL FEDERAL SERVICE CAREERS. AISES CURRENTLY ADMINISTERS EIGHT INTERNSHIP PROGRAMS. **EXPENSES \$ 118526.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THESE INCLUDE SPECIFIC PROGRAMS FUNDED BY PRIVATE FOUNDATIONS AND INCLUDE REGIONAL COMMUNITY NETWORKS TO SUPPORT THE NATIONAL SCIENCE FAIR AND THE COLLEGE CHAPTER PROGRAMS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS ELECTIONS FOR THE BOARD OF DIRECTORS. THE CALL FOR NOMINATIONS IS RELEASED TO AISES MEMBERS AND POSTED ON THE WEBSITE. AFTER THE NOMINATION DEADLINE HAS PASSED, A BALLOT ALONG WITH ALL COMPLETE NOMINATIONS ARE COPIED AND MAILED OUT TO EACH GENERAL MEMBER OF AISES FOR VOTING. THE BALLOTS ARE MAILED BACK TO AISES AND A FORMAL BALLOT COUNTING PROCESS TAKES PLACE. THE INDIVIDUALS WITH THE MOST MEMBER VOTES

ARE ELECTED TO FILL THE VACANT BOARD OF DIRECTORS POSITIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 WILL FIRST BE PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF

DIRECTORS FOR REVIEW. UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

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 INDIAN SCIENCE AND ENGINEERING SOCIETY

FORM 990 WILL BE SUBMITTED TO THE FULL BOARD FOR APPROVAL.

Employer identification number 73-1023474

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ARE
REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR
EACH YEAR UPON BECOMING AWARE OF THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: OFFICER COMPENSATION IS DERIVED
FROM SALARY SCALES. SALARY SCALES, AND NEW POSITIONS, IE. THE CEO, GET
THEIR SCALES

BASED ON SURVEYS OF LOCAL NON-PROFIT SCALES, AS WELL AS NATIONAL SCALES.

THE SALARY SURVEYS/SCALES ARE BASED ON

GUIDESTAR.ORG. ALL NEW POSITIONS AND SALARIES

DIRECT REQUESTS OF DATA, AS WELL AS INFORMATION PUBLICLY AVAILABLE ON

ARE DISCUSSED/APPROVED AT THE BOD LEVEL. OFFICERS ARE FURTHER INTERVIEWED

BY BOTH PROFESSIONAL STAFF AND BOD

MEMBERS. MEDIAN FIGURES FOR BOTH LOCAL AND NATIONAL PAY ARE USUALLY

TARGETED, UNLESS CANDIDATE PROFILES AND

EDUCATIONAL BACKGROUNDS EXCEED THE MEDIAN FIGURES, THEN A SLIGHTLY ELEVATED

PAYSCALE MAY BE CONSIDERED AND

BUDGETED FOR.

FORM 990, PART VI, SECTION C, LINE 19: ANY REQUEST FOR THE ORGANIZATION'S

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

MUST BE MADE IN WRITING TO THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR.

PART XI

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009 Open to Public Inspection

Department of the Treasury Attach to Form 990. Inspection Internal Revenue Service AMERICAN INDIAN SCIENCE AND ENGINEERING **Employer identification number** Name of the organization SOCIETY 73-1023474 THERE WAS NO CHANGE IN THE PROCESS FOR THE SELECTION OF THE INDEPENDENT AUDITORS. FORM 990, SCHEDULE D, PAGE 2 PART V ENDOWMENT FUNDS THE ENDOWMENT FUND ACTIVITY FOR 2008 WAS RESTATED IN 2009 DUE A CORRECTION OF ENDOWMENT FUND CLASSIFICATION.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

OMB No. 1545-0047
2009 ·
Open to Public

Departmen	Department of the Treasury Internal Revenue Service	► Attach to Form 990.	▶ See separate instructions.	ons.		Inspection
Name o	Name of the organization AMERICAN INDIAN SCIENCE SOCIETY	N SCIENCE AND ENGINEERING	NEERING		E	Employer identification number 73–1023474
Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	if the organization answered "Yes"	to Form 990, Part IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	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 organizations during the tax year.	ions (Complete if the organization a	inswered "Yes" to Form 990, Pa	rt IV, line 34 becaus	e it had one or mor	e related tax-exempt

organizations during the tax year.)

(e)	(q)	(၁)	(p)	(e)	(4)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
AISES FOUNDATION - 20-0784485					
2305 RENARD SE SUITE 200	DISBURSEMENTS AND				
ALBUQUERQUE, NM 87106	ENDOWMENTS	NEW MEXICO	501(C)(3)	170(B)(1)(A)(V AISES	ISES
				•	

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

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Schedule R (Form 990) 2009

AMERICAN INDIAN SCIENCE AND ENGINEERING

SOCIETY

Schedule R (Form 990) 2009

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.) Part III

Page 2

73-1023474

(0)	General or managing partner?	Yes							 		 _
(i)	Disproportion- Code V-UBI amount in box ate allocations?	K-1 (Form 1065)									
(ortion- ations?	Š									
(F)	Disprop te alloca	Yes		_							
(6)	Share of end-of-year										
	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax index	sections 512-514)									
(Q)	Direct controlling entity										
(0)	Legal domicile (state or foreign	country)							:		
(q)	Primary activity				-						
(a)	Name, address, and EIN of related organization					;					

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)	(q)	<u> </u>	(D)	9	€	6	Ξ
Name, address, and EIN of related organization	Primary activity	al cile	Direct controlling Type of entity (C corp., S corp, or trust)	Type of entity (C corp, S corp, or trust)	Sha -	Share of end-of-year assets	Percentage ownership
AISES PUBLISHING, INC 84-1009435							
2305 RENARD SE SUITE 200							
ALBUQUERQUE, NM 87106	PUBLISHING COMPANY	NM	AISES	c corp	4,687.	186,533.	88.80%
	,						
	,						
		-					

Schedule R (Form 990) 2009

932162 02-04-10

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

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Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		ř	res no	اہ
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?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	×	1
b Gift, grant, or capital contribution to other organization(s)		1	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	
d Loans or loan guarantees to or for other organization(s)		1d \	Х	
e Loans or loan guarantees by other organization(s)		1e	×	E
				-
f Sale of assets to other organization(s)		11	X	
g Purchase of assets from other organization(s)		19	X	ll
		ŧ	×	ll
i Lease of facilities, equipment, or other assets to other organization(s)		1:	×	
			••••	- 1
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×	1
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	1
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	1
m Sharing of facilities, equipment, mailing lists, or other assets		E	×	1
n Sharing of paid employees		t E	×	
			***************************************	1
 Reimbursement paid to other organization for expenses 		9	×	1
p Reimbursement paid by other organization for expenses		4	×	
				- 1
q Other transfer of cash or property to other organization(s)		19	×	1
r Other transfer of cash or property from other organization(s)		+	×	1
2 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 transaction thresholds	ion thresholds.			- 1
(a) Name of other organization(s)	(b) Transaction Am	(c) Amount involved	olved	
	(ype (a-r)	į		- 1
(1) AIES PUBLISHING, INC	Q	36,	36,914	•
(2)				
				1
(4)				
(5)				1
(9)				
932163 02-04-10	Schedule R (Form 990) 2009	R (Form 9	90) 200	6

AMERICAN INDIAN SCIENCE AND ENGINEERING

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SOCIETY

Schedule R (Form 990) 2009

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 FIN	(b) Primary activity	(c)	(d) Are all partners	(e) Share of end-of-		(g) Code V-UBI	
of entity			section 501(c)(3) organizations?		tionate allocations?	amount in box 20 of Schedule K·1 (Form 1065)	managing partner?
					_		
							-
							_
						:	
		:					
							-

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Schedule R (Form 990) 2009

Form **8868**(Rev April'2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2		
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previo	ously filed Fo	orm 8868.
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box an	nd complete	1
Part I only		▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns.	ıest an exte	nsion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exnoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww.irs gov/efile and click on e-file for Chanties & Nonprofits.	ectronically or consolic	if (1) you want the additional dated Form 990-T Instead,
Type or Name of Exempt Organization	Em	ployer identification number
print AMERICAN INDIAN SCIENCE AND ENGINEERING	_	
SOCIETY File by the		73-1023474
Number, street, and room or suite no. If a P O. box, see instructions. 2305 RENARD PLACE SE, NO. 200		
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
ALBUQUERQUE, NM 87106		
Check type of return to be filed (file a separate application for each return):		
X Form 990 Form 990-T (corporation)	orm 4720	
	orm 5227	
	orm 6069	
	orm 8870	
MATTHEW BECHTEL The books are in the care of ▶ 2305 RENARD PLACE SE, # 200 - ALBUQU Telephone No ▶ 505-765-1052 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ▶	. If this is fo	▶ ☐ or the whole group, check this
and attach a list with the flathes and Eins	Of all mem	Ders the extension will cover.
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tin AUGUST 15, 2010 , to file the exempt organization return for the organization nai		. The extension
is for the organization's return for:		
► X calendar year 2009 or		
tax year beginning, and ending		<u> </u>
2 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
· · · · · · · · · · · · · · · · · ·	3a	\$
nonrefundable credits. See instructions.	Ja	
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		\$
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit		\$ \$ N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.