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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

| A Fo | or the 2 | 2010 ca <u>ler</u> | ıdar year, or tax year begir | ning 01-01-2010 and ending 12-31-20 | 10 | | | | |
|---|------------|------------------------------|---|---|------------------|---|----------------|-------------------------------------|--|
| B Ch | eck if ap | | Name of organization AMERICAN ASSOCIATION FOR TH | IF | | D Emp | oloyer i | identification number | |
| - Ad | dress ch | ange | ADVANCEMENT OF SCIENCE | | | 53- | 0196 | 568 | |
| — Na | me char | nge | Doing Business As | | | E Tele | phone | number | |
| – _{Inı} | tıal retur | rn — | Number and street (or P O box | ıf maıl ıs not delivered to street address) | Room/suite | (20 | 21 32 <i>6</i> | 6-6693 | |
| – _{Те} | mınated | | 1200 NEW YORK AVENUE NW | | ,, | (20) | 2) 32(| | |
| – _{Am} | nended r | return | City or town, state or country, a | nd ZIP + 4 | | G Gros | s receip | ots \$ 94,479,056 | |
| — _{An} | nlıcatıon | | WASHINGTON, DC 20005 | | | | | | |
| ΑÞ | plication | pending | F N | | T | | | | |
| | | | F Name and address of p ALAN I LESHNER | orincipal officer | H(a) Is th | ıs a group retur | n for affil | lates? Yes No | |
| | | | 1200 NEW YORK AVENU | | H(b) Are | all affiliates i | ncluded | 7 Fyes F No | |
| | | | WASHINGTON, DC 200 | J.5 | If" | No," attac | h a lis | t (see instructions) | |
| r Ta | ıy-eyem | pt status | ▼ 501(c)(2) ▼ 501(c) () : | ◀ (Insert no) | | oup exemp | | | |
| | | | | 4 (IIISEIT 110) 4947 (a)(1) 01 327 | _ | | | | |
| ı w | ebsite | ::► www.a | aas org | | | | | | |
| ∢ For | m of org | ganization 🔽 | Corporation Trust Associa | ation / Other ► | L Year of | formation 1 | 874 | M State of legal domicile MA | |
| Pa | rt I | Summa | ary | | | | | | |
| | 1 E | Briefly desc | ribe the organization's mis | sion or most significant activities | | | | | |
| | | | CE SCIENCE, ENGINEER | ING, AND INNOVATION THROUGHO | UT THE WOR | LD FOR TI | не ве | NEFIT OF ALL | |
| 3 | <u>F</u> | PEOPLE | | | | | | | |
| Ĭ | - | | | | | | | | |
| Ë | - | | | | | | | | |
| Governance | 2 0 | heck this | hox 🛏 if the organization | discontinued its operations or disposed | l of more than | 25% of its | s net a | assets | |
| | | | , | erning body (Part VI, line 1a) | | | 3 Het 6 | 12 | |
| Acuvines & | | | | , , , , , | | | | | |
| <u> </u> | | | | rs of the governing body (Part VI, line 1 | | • | 4 | 12 | |
| Ş | | | | in calendar year 2010 (Part V, line 2a) | | | 5 | 453 | |
| ĭ | | | · | if necessary) | | | 6 | 150 | |
| | | | | Part VIII, column (C), line 12 | | | 7a | 16,267,408 | |
| | b P | Net unrelate | ed business taxable incom | e from Form 990-T, line 34 | | | 7b | 10,861 | |
| | | | | | Pr | ior Year | | 29,873,844 | |
| <u>o</u> | 8 | | ontributions and grants (Part VIII, line 1h) | | | | | | |
| 훒 | 9 | | | , line 2g) | | 49,332 | | 54,046,578 | |
| Revenu | 10 | | | mn (A), lines 3, 4, and 7d) | | 2,472 | ,213 | 2,368,601 | |
| ш. | 11 | | | A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,745 | ,314 | 1,929,381 | |
| | 12 | | = | 11 (must equal Part VIII, column (A), lı | ne | 84,643 | .745 | 88,218,404 | |
| | 13 | | | art IX, column (A), lines 1–3) | | 11,182 | - | 9,530,121 | |
| | 14 | | | rt IX, column (A), line 4) | | 11,102 | 0 | 0 | |
| | 15 | • | • | oyee benefits (Part IX, column (A), lines | 5_ | | \dashv | | |
| \$ | 12 | 10) | other compensation, empl | byee benefits (Fait 1x, Column (A), illies | . 5- | 35,533 | ,118 | 37,057,553 | |
| Expenses | 16a | Professio | nal fundraising fees (Part I | X, column (A), line 11e) | | 12 | ,421 | 59,206 | |
| 춫 | ь | Total fundra | aising expenses (Part IX, column | (D), line 25) - 2,569,795 | | | | | |
| ш | 17 | | |), lines 11a-11d, 11f-24f) | | 37,885 | .152 | 39,419,521 | |
| | 18 | | | nust equal Part IX, column (A), line 25) | | 84,613 | | 86,066,401 | |
| | 19 | | | ne 18 from line 12 | | · · · · · · · · · · · · · · · · · · · | ,144 | 2,152,003 | |
| 207 30 Ar | + | | Caperage III | | Beainni | ing of Curre | - | | |
| Net Assets or Fund Balances | | | | | | Year | | End of Year | |
| 98.55 8.55 8.55 8.55 8.55 8.55 8.55 8.55 | 20 | Total ass | ets (Part X, line 16) | | | 165,221 | ,617 | 175,028,637 | |
| Z Z | 21 | Total liab | ılıtıes (Part X, lıne 26) | | | 64,157 | ,819 | 62,565,241 | |
| žĪ | 22 | Net asset | ts or fund balances Subtra | ct line 21 from line 20 | | 101,063 | ,798 | 112,463,396 | |
| Pa | rt II | Signat | ure Block | | | | | | |
| Jnde cnow | r penal | | | nined this return, including accompanying te. Declaration of preparer (other than offi | | | | | |
| | | | f - ff | | | 2011-10-20 | | | |
| Sign | | Signature | e of officer | | | Date | | | |
| Her | e | | BLAIR CFO CFO | | | | | | |
| | | | print name and title | | | T | | T | |
| | | Print/Type preparer's nai | me | Preparer's signature | Date | Check if se | | PTIN | |
| Paid | _ | <u> </u> | PRICEWATERHOUSECOOPERS | ı LLP | | 1 | | Firm's EIN | |
| | arer | Firm's addres | s • 1301 K STREET NW SUITE 8 | 000W | | | | + | |
| Jse | Only | . Am 5 dddies | | | | | | Phone no (202) 414- 1000 | |
| | 1 | | WASHINGTON DC 2000533 | | | | | • | |

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Part IIII Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE ASSOCIATION'S MISSION IS TO ADVANCE SCIENCE AND INNOVATION THROUGHOUT THE WORLD FOR THE BENEFIT OF ALL PEOPLE THE GOALS OF AAAS ENCOMPASS THE PURPOSES OF FURTHERING THE WORK OF SCIENTISTS, FACILITATING COOPERATION AMONG THEM, FOSTERING SCIENTIFIC FREEDOM AND RESPONSIBILITY, IMPROVING THE EFFECTIVENESS OF SCIENCE IN THE PROMOTION OF HUMAN WELFARE, ADVANCING EDUCATION IN SCIENCE, AND INCREASING THE PUBLIC UNDERSTANDING AND APPRECIATION OF THE IMPORTANCE OF THE METHODS OF SCIENCE IN HUMAN PROGRESS

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 43,235,741 including grants of \$ 44,563) (Revenue \$ 51,053,919)

SCIENCE THIS WEEKLY PEER-REVIEWED SCHOLARLY SCIENTIFIC JOURNAL SCIENCE IS DISTRIBUTED TO 115,000 INDIVIDUAL MEMBERS IT SERVES AS A FORUM FOR THE PRESENTATION AND DISCUSSION OF IMPORTANT ISSUES RELATED TO THE ADVANCEMENT OF SCIENCE, INCLUDING MINORITY OR CONFLICTING POINTS OF VIEW EMPHASIS IS ON MATERIAL PERTAINING TO THE INTERACTIONS AMONG SCIENCE, TECHNOLOGY, GOVERNMENT, AND SOCIETY PEER-REVIEWED, CUTTING-EDGE RESEARCH IS CONTRIBUTED AND DISTRIBUTED GLOBALLY INCREASING THE AWARENESS OF BREAKTHROUGH ADVANCEMENTS AND NOTEWORTHY RESEARCH THE JOURNAL CONTAINS AN AWARD-WINNING NEWS SECTION, COMMENTARY FROM MANY OF THE WORLD'S MOST INFLUENTIAL THINKERS, AND REVIEWS OF BOOKS AND SCIENTIFIC TECHNIQUES SCIENCE IS THE HIGHEST CIRCULATION JOURNAL FOR THE INTERDISCIPLINARY SCIENTIFIC COMMUNITY AND IS A MAJOR RESOURCE FOR COMMUNICATING SCIENTIFIC RESEARCH AND EVENTS. IT IS ONE OF THE MOST FREQUENTLY CITED SCIENTIFIC JOURNALS IN THE WORLD MAJOR SECTIONS OF THE JOURNAL ARE NEWS OF THE WEEK, NEWS FOCUS, RESEARCH ARTICLES, AND REPORTS SCIENCE IS AVAILABLE ONLINE AS A BENEFIT OF MEMBERSHIP, ACCESS TO THE ONLINE JOURNAL IS SOLD THROUGH SITE LICENSES TO INSTITUTIONS THE DAILY SCIENCE NEWS SERVICE SCIENCE ON WAS LAUNCHED IN 1996, OFFERING BREAKING NEWS ABOUT SCIENCE AND SCIENCE POLICY, AND CITING IMPORTANT CURRENT RESEARCH SCIENCE CAREERS ORG FACILITATES CAREER DEVELOPMENT OF YOUNG SCIENTISTS IN AN ERA OF TIGHT RESEARCH FUNDING, PROVIDING INFORMATION ABOUT CAREER ALTERNATIVES TO ACADEMIC RESEARCH AND FORUMS FOR DISCUSSION OF KEY POLICY ISSUES RELATED TO SCIENTIFIC TRAINING AAAS HAS LAUNCHED TWO ONLINE JOURNALS, SCIENCE SIGNALING AND SCIENCE TRANSLATIONAL MEDICINE (STM) SCIENCE SIGNALING IS A WEEKLY JOURNAL, PUBLISHING 51 ISSUES A YEAR, AS WELL AS AN ONLINE RESOURCE AND INFORMATION MANAGEMENT TOOL THAT ENABLES EXPERTS AND NOVICES IN CELL SIGNALING TO FIND, ORGANIZE, AND UTILIZE INFORMATION RELEVANT TO PROCESSES OF CELLULAR REGULATION THE OVERARCHING GOAL OF THE SITE IS TO PROVIDE AN AUTHORITATIVE DATABASE OF CELL SIGNALING IN FORMA

4b (Code) (Expenses \$ 14,851,379 including grants of \$ 7,349,238) (Revenue \$ 335,114)

SCIENCE AND POLICY SCIENCE AND POLICY PROGRAMS (SPP) FURTHER AAAS OBJECTIVES IN AREAS WHERE SCIENCE, GOVERNMENT, AND SOCIETY INTERSECT THE UNIT'S DIVISIONS ARE THE R&D BUDGET AND POLICY PROGRAM, THE CENTER FOR SCIENCE, TECHNOLOGY & CONGRESS, THE PROGRAM ON SCIENCE AND HUMAN RIGHTS, THE PROGRAM OF DIALOGUE ON SCIENCE, ETHICS AND RELIGION, THE PROGRAM ON SCIENTIFIC FREEDOM, RESPONSIBILITY AND LAW, THE RESEARCH COMPETITIVENESS PROGRAM, AND THE PROGRAM OF SCIENCE & TECHNOLOGY POLICY FELLOWSHIPS THESE DIVISIONS AND SPD AS A WHOLE FORM BRIDGES BETWEEN THE SCIENCE AND ENGINEERING COMMUNITIES, POLICY MAKERS AND THE BROADER SOCIETY THE R&D BUDGET AND POLICY PROGRAM, THE CENTER FOR SCIENCE, TECHNOLOGY AND CONGRESS, AND THE SCIENCE & TECHNOLOGY POLICY FELLOWSHIPS PROGRAMS BRIDGE THE SCIENCE COMMUNITIES AND FEDERAL POLICY MAKERS ACTIVITIES OF THESE PROGRAMS INCLUDE TRACKING AND ANALYZING RELEVANT DEBATE AND LEGISLATION, THEN DISSEMINATING RESULTS THROUGH PRESENTATIONS, BRIEFINGS, EMAILS SENT TO AAAS MEMBERS, WEB SITES, SEMINARS AND PUBLICATIONS, AND PLACING HIGHLY QUALIFIED SCIENTISTS AND ENGINEERS IN FELLOWSHIPS AT POLICY OFFICES IN THE FEDERAL GOVERNMENT THE SCIENTIFIC FREEDOM, RESPONSIBILITY AND LAW PROGRAM IS COMMITTED TO MAINTAINING HIGH ETHICAL STANDARDS FOR SCIENCE AND ENGINEERING AND TO IMPROVING THE UNDERSTANDING OF AND SENSITIVITY TO ISSUES OF PROFESSIONAL ETHICS AMONG SCIENTISTS IN ADDITION, IT WORKS TO PROMOTE A BETTER UNDERSTANDING OF SCIENCE AMONG LAWYERS AND JUDGES AND OF THE LEGAL SYSTEM AMONG SCIENTISTS IN ADDITION, IT WORKS TO PROMOTE A BETTER UNDERSTANDING OF SCIENCE AMONG LAWYERS AND JUDGES AND OF THE LEGAL SYSTEM AMONG SCIENTISTS IN ECIENCE AND HUMAN RIGHTS PROGRAM ENGAGES INDIVIDUAL SCIENTISTS AND HUMAN RIGHTS STANDARDS TO THE CONDUCT OF SCIENCE, AND PROMOTES THE HUMAN RIGHT PROGRAM ENGAGES INDIVIDUAL SCIENTISTS AND HUMAN RIGHTS STANDARDS TO THE CONDUCT OF SCIENCE, AND PROMOTES THE HUMAN RIGHT TO ENJOY THE BENEFITS OF SCIENTIFIC PROGRESS THE PROGRAMMATIC PEER REVIEW SERVICE TO THE SCIENCE, ENGINEERING

4c (Code) (Expenses \$ 6,735,959 including grants of \$ 1,694,890) (Revenue \$ 61,917

EDUCATION AND HUMAN RESOURCES THE EDUCATION AND HUMAN RESOURCES DIRECTORATE (EHR) SEEKS TO IMPROVE THE QUALITY OF SCIENCE, MATHEMATICS AND TECHNOLOGY EDUCATION FOR ALL STUDENTS AT ALL LEVELS, TO INCREASE THE PARTICIPATION OF MINORITIES, WOMEN AND PEOPLE WITH DISABILITIES IN SCIENCE AND ENGINEERING, AND TO IMPROVE THE PUBLIC UNDERSTANDING OF SCIENCE AND TECHNOLOGY FOR ALL PEOPLE EHR PROGRAMS FOCUS ON SUPPORTING SYSTEMIC EDUCATIONAL REFORM BY DEVELOPING MODELS, MATERIALS, MECHANISMS AND NETWORKS, SUPPORTING POLICIES AND CONDUCTING STUDIES AND ANALYSES, AND IMPLEMENTING FINDINGS AS APPROPRIATE TO ACCOMPLISH OVERARCHING GOALS - THAT REAL EDUCATION MEANS CONNECTING SCHOOLING TO OUT-OF-SCHOOL EXPERIENCES SPECIFIC PROGRAMS REACH VARIOUS AUDIENCES INCLUDING SCHOOLS, TEACHERS AND LIBRARIANS, CHILDREN, FAMILIES AND COMMUNITIES, HIGHER EDUCATION RESEARCH RESOURCES, AND POLICYMAKERS PROJECT INITIATIVES INCLUDE WORKSHOPS, COLLABORATIVE EFFORTS WITH EDUCATORS AND UTILIZING RADIO AND OTHER MEDIA TECHNIQUES TO PROMOTE SCIENCE AND LEARNING THE DIRECTORATE PROVIDES A WIDE RANGE OF PROGRAMS, INCLUDING PROVIDING PROFESSIONAL DEVELOPMENT TO DISTRICT OF COLUMBIA MIDDLE SCHOOL TEACHERS IN MATHEMATICS AND SCIENCE THROUGH A PARTNERSHIP WITH THE DC STATE EDUCATION OFFICE AND THE GEORGE WASHINGTON UNIVERSITY, THE COLLABORATIVE OF PROFESSIONAL SOCIETIES IN THE LIFE SCIENCES TO CREATE AND MANAGE BEN BIOSCIED NET, A WEB PORTAL THAT PROVIDES INTERNET RESOURCES TO SUPPORT UNDERGRADUATE, GRADUATE AND PROFESSIONAL BIOLOGICAL SCIENCES EDUCATION, A VARIETY OF CONFERENCES AND WORKSHOPS, SUMMER INTERNSHIP PROGRAMS FOR SCIENCE AND ENGINEERING STUDENTS WITH DISABILITIES, AND MANY OTHERS EHR HAS ESTABLISHED THE CENTER FOR ADVANCING SCIENCE & ENGINEERING CAPACITY, A FEE-FOR-SERVICE CONTRACT SERVICE THAT WORKS TO INCREASE RECRUITMENT, ENROLLMENT, RETENTION, AND GRADUATE OF U S STUDENTS IN STEM FIELDS, ESPECIALLY THOSE FROM UNDERREPRESENTED GROUPS ALSO OPERATING OUT OF EHR IS THE AAAS CENTER FOR CAREERS IN SCIENCE AND TECHNOLOGY WHOSE MISSION IS TO SUPPO

4d Other program services (Describe in Schedule O)

(Expenses \$ 9,233,438 including grants of \$ 441,430) (Revenue \$ 2,566,471)

le Total program service expenses►\$ 74,056,517

| Part TV | Checklist | of Re | auired | Schedules |
|---------|-----------|--------|--------|-----------|
| | CHCCKHSt | 01 110 | uun cu | Schoules |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | 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. | 11b | | Νο |
| c | 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. | 11c | | No |
| d | 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. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | Νο |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| 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 U S ? If "Yes," complete Schedule F, Parts III and IV. | 16 | Yes | |
| 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 (see instructions) | 17 | Yes | |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | Νo |
| Ь | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| Ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section $512(b)(13)$? | 35 | Yes | |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \checkmark Yes \checkmark No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2010) |

| Part V | Statements | Regarding | Other | IRS | Filings | and | Tax | Complianc | e |
|--------|------------|-----------|-------|------------|----------------|-----|-----|-----------|---|

| | Check if Schedule O contains a response to any question in this Part V | | | |
|----|--|------------|-----|------|
| | | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 892 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| !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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | • | Vac | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| la | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| la | 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 | | Νο |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| , | 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 | Yes | _ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 3 | 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? | 8 | | |
|) | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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 | | |
| .0 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | |
| _ | facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from other sources (Do not net amounts due or naid to other sources | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| c | In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | | | |
| 4- | Did the organization receive any nayments for indeer tanning convices during the tay year? | 1/- | | NI ~ |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | Νo |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | |
|-----------------|--|-------------------|---------------|------------|
| | | | Yes | No |
| | | | | |
| | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | 4 | | |
| 5 | filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No No |
| | | 6 | V | NO |
| 6 | Does the organization have members or stockholders? | | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | venue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | Yes | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | , | |
| _ | | 11a | Yes | |
| Ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| c | to conflicts? | 12b | Yes | |
| _ | describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| ь | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| <u> </u> | | 16b | | |
| <u>Se</u> 17 | ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed►AL, AK, AZ, AR, CA, CO, CT, DE, D | C EI | G A ' | 11 10 |
| 17 | IL, IN, IA, KS, KY, LA, ME, MD, MA MO, MT, NE, NV, NH, NJ, NM, NY, I OR, PA, RI, SC, SD, TN, TX, VT, VA | , MI , NC , NI | MN,M: D,OH | S, ,OK, |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table | | | |

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

1200 NEW YORK AVENUE NW WASHINGTON, DC 20005

(202) 326-6693

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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

| Check this box if neither the organ | sate | d any current office | er, director, or trust | ee | | | | | | |
|-------------------------------------|---|-----------------------------------|---|---------|--------------|------------------------------|---|--|---|--|
| (A) Name and Title | (B) A verage hours | Posi | (C) Position (check all that apply) | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
| | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title Average hours per | | | (C) Position (check all that apply) | | | | | (D) Reportable compensation | (E) Reportable compensation from related | on | (F) Estima amount o compens | ated fother |
|-------|---|---|-----------------------------------|--|---------|--------------|---|----------|--|---|----------|--|---------------------|
| | | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Former Highest compensated employee | | from the organization (W- 2/1099-MISC) | organization (W- 2/1099 MISC) | ıs | from t organizati relati organiza | :he on and ed |
| See A | dditional Data Table | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Cub Tatal | | | | | | | <u> </u> | | | | | |
| | Sub-Total | | | | • | • | · · | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | | • | | - | 4,508,973 | | 0 | 4 | 196,313 |
| 2 | Total number of individuals (inc \$100,000 in reportable comper | ludıng but not lır | nited to | thos | e lıs | ted | |) who | received more tha | n | <u>'</u> | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any for on line 1a? <i>If</i> " <i>Yes,"</i> complete Sc | • | | | • | • | mploy • | ee, o | r highest compens | ated employee | 3 | | No |
| 4 | For any individual listed on line organization and related organiz | • | • | | | • | | | • | | | | |
| | ındıvıdual | | | • | • | • | | • | | | 4 | Yes | |

| 3 | | No |
|---|-----|----|
| | | |
| 4 | Yes | |
| | | |

Νo

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| BROWN PRINTING CO PO BOX 704 WASECA, MN 530930704 | PRINTING | 2,506,003 |
| PITNEY BOWES IMC PO BOX 32229 HARTFORD, CT 061502229 | MAIL SERVICE | 1,519,838 |
| HIGHWIRESTANFORD UNIVERSITY 1454 PAGE MILL ROAD PALO ALTO, CA 94304 | WEB HOSTING | 989,106 |
| CORPORATE COLOR INC 9700 PHILADELPHIA COURT LANHAM, MD 207064405 | PRINTING & MAIL SVC | 591,381 |
| COGNIZANT TECH SOLUTIONS UC CO PO BOX 822347 PHILADELPHIA, PA 191822347 | CONSULTING | 469,120 |
| 2 Total number of independent contractors (including but not limited to those listed above) | who received more than | |

\$100,000 in compensation from the organization **>**51

Part IX Statement of Functional Expenses

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

| A | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|----|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|--|
| | ot include amounts reported on lines 6b, o, 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 | 1,021,729 | 1,021,729 | | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 8,427,635 | 8,427,635 | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 80,757 | 80,757 | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 5,005,286 | 3,928,096 | 1,077,190 | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | | | | | | |
| 7 | Other salaries and wages | 24,675,715 | 20,422,066 | 3,865,877 | 387,772 | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,416,151 | 1,944,697 | 452,028 | 19,426 | | | | | |
| 9 | Other employee benefits | 2,969,117 | 2,384,132 | 563,251 | 21,734 | | | | | |
| 10 | Payroll taxes | 1,991,284 | 1,713,102 | 218,643 | 59,539 | | | | | |
| а | Fees for services (non-employees) Management | 89,417 | 79,566 | 7,743 | 2,108 | | | | | |
| b | Legal | 139,502 | 74,461 | 62,599 | 2,442 | | | | | |
| С | Accounting | 331,839 | | 331,839 | | | | | | |
| d | Lobbying | 0 | | | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | 59,206 | | | 59,206 | | | | | |
| f | Investment management fees | 0 | | | | | | | | |
| g | Other | 7,498,929 | 6,475,581 | 676,561 | 346,787 | | | | | |
| 12 | Advertising and promotion | 3,866,873 | 2,722,042 | 38,506 | 1,106,325 | | | | | |
| 13 | Office expenses | 1,638,672 | 1,342,372 | 188,107 | 108,193 | | | | | |
| 14 | Information technology | 2,631,918 | 2,157,005 | 453,770 | 21,143 | | | | | |
| 15 | Royalties | 0 | | | | | | | | |
| 16 | Occupancy | 3,192,175 | 2,727,522 | 370,303 | 94,350 | | | | | |
| 17 | Travel | 3,733,114 | 3,543,429 | 164,854 | 24,831 | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 1,783,665 | 1,686,527 | 85,877 | 11,261 | | | | | |
| 20 | Interest | 0 | | | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 1,621,476 | 1,394,956 | 178,038 | 48,482 | | | | | |
| 23 | Insurance | 583,131 | 502,237 | 63,580 | 17,314 | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | | | | | | |
| а | FULFILLMENT & DISTRIBUTION | 3,583,883 | 3,571,888 | | 11,995 | | | | | |
| b | FEES TO SUBSIDIARY | 3,124,469 | 2,592,351 | 532,118 | | | | | | |
| С | PRINTING & PRESSWORK | 2,887,847 | 2,694,756 | 20,574 | 172,517 | | | | | |
| d | JO URNAL PAPER | 1,395,294 | 1,395,294 | | | | | | | |
| e | BANK SERVICE CHARGES | 545,178 | 534,882 | 7,979 | 2,317 | | | | | |
| f | All other expenses | 772,139 | 639,434 | 80,652 | 52,053 | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 86,066,401 | 74,056,517 | 9,440,089 | 2,569,795 | | | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the | | | | | | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | 000 (2010) | | | | | |

| Pa | rt X | Balance Sheet | | | | | <u>-</u> |
|---------------|------|---|------------|------------|---------------------------------|------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 7,509,413 | 1 | 6,035,235 | | |
| | 2 | Savings and temporary cash investments | 19,809,855 | 2 | 15,946,540 | | |
| | 3 | Pledges and grants receivable, net | | 7,120,646 | 3 | 8,462,713 | |
| | 4 | Accounts receivable, net | | | 5,390,563 | 4 | 11,047,822 |
| | 5 | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of | | | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions) | mploy | ers, and | | | |
| ste | | Schedule L | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| Ą | 8 | Inventories for sale or use | | | 140,325 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | | 2,246,711 | 9 | 1,884,306 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 74,796,813 | | | |
| | ь | Less accumulated depreciation | 10b | 18,386,593 | 55,316,784 | 10c | 56,410,220 |
| | 11 | Investments—publicly traded securities | | | 66,723,727 | 11 | 74,557,627 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 1,000 | 12 | 1,000 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | | 962,593 | 15 | 683,174 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 165,221,617 | 16 | 175,028,637 |
| | 17 | Accounts payable and accrued expenses . | | | 11,688,376 | 17 | 14,436,255 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | 25,057,430 | 19 | 27,660,585 | | |
| | 20 | Tax-exempt bond liabilities | | 24,684,609 | 20 | 17,399,887 | |
| Se | 21 | Escrow or custodial account liability Complete Part IV of Schedu. | | 21 | | | |
| bilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| Lial | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | • | | 23 | _ |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 2,727,404 | 25 | 3,068,514 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 64,157,819 | 26 | 62,565,241 | |
| -5 | | Organizations that follow SFAS 117, check here ▶ 🔽 and comp | olet e l | ines 27 | | | |
| <u>Ş</u> | | through 29, and lines 33 and 34. | | | | | |
| an | 27 | Unrestricted net assets | | 82,340,786 | 27 | 90,224,225 | |
| Fund Balances | 28 | Temporarily restricted net assets | 10,060,395 | 28 | 13,468,959 | | |
| nd | 29 | Permanently restricted net assets | | | 8,662,617 | 29 | 8,770,212 |
| | | Organizations that do not follow SFAS 117, check here ► □ and | ıd con | ıplet e | | | |
| or | | lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other for | ınds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 101,063,798 | 33 | 112,463,396 |
| | 34 | Total liabilities and net assets/fund balances | | | 165,221,617 | 34 | 175,028,637 |

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | . [~ | |
|-----|---|--------|----|-------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 88,2 | 218,40 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 066,40 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 2,1 | 152,00 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 101,0 | 063,79 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 9,2 | 247,59 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 112,4 | 163,39 |
| Par | TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | • | ୮ | |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | sued | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | Yes | |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | quired | 3b | Yes | |

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE 53-0196568 Part I 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | ion in ted in rning | (v) Did you not organizati col (i) of suppor | on in your | (vi) Is the organizati col (i) orga | on in anized | (vii) A mount of support |
|---|-------------|---|--|---------------------------|--|---------------|-------------------------------------|-----------------|--------------------------------|
| | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Provide the following information about the supported organization(s)

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | dider rate III. If the | organización i | ans to quanty t | maci the tests | iisted below, pie | case complet | c raic III. |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S | ection A. Public Support | | _ | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public Support. Subtract line 5 from | | | | | | |
| Ü | line 4 | | | | | | |
| S | ection B. Total Support | 1 | | | | I | |
| | endar year (or fiscal year beginning | | | | | | |
| Cur | in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| - | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| | through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organization | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | nızatıon, |
| | check this box and stop here | _ | r | | • | . , . , - | ▶ ┌॔ |
| | | | | | | | |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2010 | (lıne 6 column (| f) divided by line | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2009 | Schedule A Par | rt II line 14 | | | 15 | |
| | | | | | | | |
| 16a | 33 1/3% support test—2010. If the | | | | line 14 is 33 1/3% | or more, chec | |
| | and stop here. The organization qua | • | | | | 2.2.4.204 | ▶ [|
| b | 33 1/3% support test—2009. If the | | | | oa, and line 15 is : | 1/3% or mor کد | . - |
| 17- | box and stop here. The organization | | | | 12 16 1C | handler - 4.4 | ▶ |
| r/a | 10%-facts-and-circumstances test- | | | | | | ın. |
| | is 10% or more, and if the organization made | | | • | | | |
| | in Part IV how the organization mee | is the facts and | circumstances" | test ine organiz | acion quanifies as | a publicly supp | orted F |
| L | organization 10%-facts-and-circumstances test- | _2000 Ifthe era | anization did not | chack a hay an lu | no 13 165 166 5 | or 17a and line | F1 |
| ט | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | • | | <u>-</u> | clv |
| | supported organization | aon meets the 16 | aces and circuitis | tances test life | . organization qual | iiiies as a publi | ETY ▶ ¯ |
| 18 | Private Foundation If the organizati | on did not check | a box on line 13 | . 16a. 16b. 17a o | r 17b. check this | box and see | - 1 |
| | instructions | a.a not eneck | | , , 0 0 , 7 0 0 | . 2. 2, 511558 61115 | | ▶ □ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | , | | , · | , | | |
|-----------------|--|--------------------|--------------------|-----------------------|--------------------|---------------|----------|----------------------|
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 20 |)10 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 37,922,664 | 36,280,363 | 39,163,417 | 31,093,301 | 29 | ,873,844 | 174,333,589 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 19,446,751 | 22,625,570 | 24,842,875 | 33,257,420 | 37 | ,779,170 | 137,951,786 |
| 3 | Gross receipts from activities that are not an unrelated trade or | | | | | | | |
| 4 | business under section 513 Tax revenues levied for the organization'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 | F7 260 44F | 50.005.000 | C4 00C 202 | 64.250.734 | 67 | (52.014 | 242 205 275 |
| | Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and | 57,369,415 | 58,905,933 | 64,006,292 | 64,350,721 | 6/ | ,653,014 | 312,285,375 |
| D | 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the | | | | | | | |
| c 8 | year Add lines 7a and 7b Public Support (Subtract line 7c from line 6) | | | | | | | 312,285,375 |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 20 | 10 | (f) Total |
| 9 | A mounts from line 6 | 57,369,415 | 58,905,933 | 64,006,292 | 64,350,721 | 67 | 653,014 | 312,285,375 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,124,313 | 8,405,509 | 7,503,252 | 5,910,721 | 5, | 878,472 | 34,822,267 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 7 124 212 | 8,405,509 | 7,503,252 | 5,910,721 | | 878,472 | 24 922 267 |
| с 11 | Add lines 10a and 10b Net income from unrelated | 7,124,313 | 8,405,509 | 7,503,252 | 5,910,721 | 5, | 878,472 | 34,822,267 |
| | business activities not included in line 10b, whether or not the business is regularly carried on | 1,532,916 | 2,229,062 | 14,833 | 0 | | 30,993 | 3,807,804 |
| 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) | 66,026,644 | 69,540,504 | 71,524,377 | 70,261,442 | | 562,479 | 350,915,446 |
| 14 | First Five Years If the Form 990 is check this box and stop here | for the organizati | on's first, second | , third, fourth, or f | hith tax year as a | section5 | 01(c)(3 |) organization, ► |
| | ction C. Computation of Pub | | | | | | | |
| 15 16 | Public Support Percentage for 2010 Public support percentage from 200 | | | 13 column (f)) | | 15 16 | | 88 992 % 87 771 % |
| | | | | | | | | |
| <u>Se</u> 17 | ction D. Computation of Inv Investment income percentage for | | | | ı (f)) | 17 | | 9 923 % |
| -, 18 | Investment income percentage for | · | | - | . 1/// | 1/ | | 9 9 2 3 % |

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

| Schedule A (Fo | orm 990 or 990-EZ) 2010 | Pag |
|----------------|---|-----|
| Part IV | Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | • |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
| | | |
| | | |
| | | |
| | | |

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493298003271

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

| If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Politica | ıl Campaign Activities), |
|---|--------------------------|
| then | |

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

| | | t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (I | | | |
|-----|--|--|--|--|---|
| N a | ction 501(c)(4), (5), or (6) organi me of the organization ERICAN ASSOCIATION FOR THE ANCEMENT OF SCIENCE | zations Complete Part III | | | itification number |
| | | ganization is exempt under | r section 501(| 53-0196568 c) or is a section 527 | organization. |
| | • | | • | | organization: |
| 1 | | ganızatıon's dırect and ındırect polı | tical campaign act | IVITIES IN Part IV | |
| 2 | Political expenditures | | | • | \$ |
| 3 | Volunteer hours | | | | |
| Par | t I-B Complete if the or | ganization is exempt unde | r section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization u | nder section 4955 | F | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization mana | gers under sectio | n 4955 🕨 | \$ |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 47 | 20 for this year? | | ┌ Yes |
| 4a | Was a correction made? | | | | ┌ Yes |
| ь | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the or | ganization is exempt unde | r section 501(| c) except section 501 | I(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for s | section 527 exemp | pt function activities 🕨 | \$ |
| 2 | Enter the amount of the filing o | organization's funds contributed to o | other organizations | s for section 527 | |
| | exempt funtion activities | | | ► | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | .0-POL, line 17b ► | \$ |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | ☐ Yes ☐ No |
| 5 | organization made payments f amount of political contribution | nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I | he amount paid fro directly delivered | om the filing organization's f to a separate political orga | funds Also enter the Inization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
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| | | 1 | | | |

| Sc | hedule C (Form 990 or 990-EZ) 2010 | | | | | | Page 2 |
|------------|---|----------|----------------------------|------------------------|--------------|---|--|
| P | art II-A Complete if the organization under section 501(h)). | is ex | cempt under | section 501(c |)(3) and fi | led Form 5768 | |
| A B | Check If the filing organization belongs to a Check If the filing organization checked bo | | | " provisions apply | / | | |
| | Limits on Lobbying E (The term "expenditures" means a | | |) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| <u>1</u> a | Total lobbying expenditures to influence public o | pinion | (grass roots lob | oyıng) | | | |
| b | Total lobbying expenditures to influence a legisl | atıve b | ody (direct lobby | ıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and : | Ld) | | | | |
| f | Lobbying nontaxable amount Enter the amount columns | from th | e following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The | lobbying nontaxa | ble amount is: | | | |
| | Not over \$500,000 | 20% | % of the amount on line 1e | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100 | ,000 plus 15% of the | excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175 | ,000 plus 10% of the | excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225 | ,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,00 | 00,000 | | | | |
| | Grassroots nontaxable amount (enter 25% of lir | ne 1 f) | | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ent | - | | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h d | or line 11, did the | organization file F | orm 4720 rep | orting | ┌ Yes ┌ No |
| | 4-Year Av (Some organizations that made a columns below. See t | secti | on 501(h) ele | | havè to co | | ne five |
| | Lobbying Exp | endit | ures During 4 | l-Year Averag | jing Period | | |
| | Calendar year (or fiscal year | | | | | | |

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total | | | |
| 2a | Lobbying non-taxable amount | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | |
| С | Total lobbying expenditures | | | | | | | | |
| d | Grassroots non-taxable amount | | | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 |
|-----------|--|
| | (election under section 501(h)). |

| | | (a | 1) | (b) |
|----|--|-----|----|---------|
| | | Yes | No | A mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | |
| c | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| e | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 1,000 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Νo | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | |
| i | Other activities? If "Yes," describe in Part IV | | Νo | |
| j | Total lines 1c through 1i | | | 1,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | l | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
|---|--|----|--|
| а | Current year | 2a | |
| ь | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Ident if ier | Return Reference | Explanation |
|----------------------|------------------|--|
| PART II-B, LINE 1(F) | | AAAS MADE A CONTRIBUTION TO SUPPORT THE ALLIANCE FOR NONPROFIT MAILERS AS THEY FIGHT TO OPPOSE THE RECENT EXIGENT RATE PROPOSAL THE POSTAL SERVICE FILED WITH CONGRESS |

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efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493298003271

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE 53-0196568 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| ar | Organizations Maintaining Co | llections of Art | , Hist | <u>toric</u> | <u>al Tre</u> a | asures, or (| Othe | er Simila | r Asse | ets (co | ntınued) |
|----------|---|-------------------------------|---------|--------------|--------------------------|-------------------|----------------|-----------------------|--------------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | of the | e follo | wing tha | nt are a signific | ant ı | use of its co | llectio | n | |
| а | Public exhibition | | d | Γ | Loan or | exchange pro | gra ms | 3 | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 1 | Provide a description of the organization's co | ollections and expla | ın how | they | further t | he organizatio | n's e | xempt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | nılar | Г | Yes | ┌ No |
| Pai | rt IV Escrow and Custodial Arrang | | | | | | ed "\ | es" to Fo | m 99 | Ο, | |
| | Part IV, line 9, or reported an an | | | | | | | | | | |
| .a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interme | diary | for co | ntributio | ons or other as | sets | not | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI\ | / and complete the | followi | ıng tal | ole | | | | | | |
| | | | | | | | | | A mo | unt | |
| C | Beginning balance | | | | | | 1 c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | |
| a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | Γ | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | \- \. | |
| _ | Basis of was balance | (a)Current Year 13,276,492 | (b) | Prior Y | ear 176,605 | (c)Two Years Ba | - ' | d) Three Years | Back (| e)Four Y | ears Back |
| a | Beginning of year balance | 140,766 | | | 275,672 | 2,726 | - | | | | |
| b | Contributions | 1,327,123 | | | 108,604 | -1,629, | | | | | |
| c d | Investment earnings or losses Grants or scholarships | 1,527,125 | | Τ, | 100,004 | 1,025 | 044 | | | | |
| u e | Other expenditures for facilities | 370,251 | | | 284,389 | 238. | 695 | | | | |
| _ | and programs | | | | , | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 14,374,130 | | 13, | 276,492 | 12,176, | 605 | | | | |
| | Provide the estimated percentage of the yea | r end balance held a | ıs | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | 0 % | | | | | | | | | |
| ь | Permanent endowment 🕨 61 560 % | | | | | | | | | | |
| c | Term endowment ▶ 38 440 % | | | | | | | | | | |
| a | Are there endowment funds not in the posses | ssion of the organiza | ation t | hat ar | e held a | nd administer | ed for | the . | | | |
| | organization by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | • | | | | | 3a(i) | | No |
| . | (ii) related organizations | | | | | | • | | 3a(ii) 3b | <u> </u> | No |
| , | Describe in Part XIV the intended uses of th | | | | | | • | | 30 | | |
| | rt VI Investments—Land, Buildings | | | | |) Part X line | 10 | | | | |
| - | Description of investment | o, and Equipmo | | (a) C | Cost or oth (investme | ner (b)Cost or | other | (c) Accumu | | (d) Boo | ok value |
| .a | Land | | | | | 16.15 | 4,000 | | | 1/ | 5,154,000 |
| | Buildings | | | | | · · | 6,488 | | 64,753 | | 4,411,735 |
| | Leasehold improvements | | | | | | 6,731 | · · | 34,578 | | 2,752,153 |
| | Equipment | | | | | | 9,594 | | 87,262 | | 3,092,332 |
| | Other | | | | | 1, | | <u> </u> | | | . , |
| | | | | | | | | • | | | |

56,410,220

| Part VIII Investments—Other Securities. See | <u>Form 990, Part X, line 1</u> | 2. |
|--|---------------------------------|----------------------------------|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | (B)Book value | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| Part VIII Investments—Program Related. See | | 12 |
| Parte VIII Investments—Program Related. See | T Tarin 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, III | ne 15. | |
| (a) Descrip | tion | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 5.) | |
| | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | |
| | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | (b) A mount | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 88,218,404 |
|----------|--|------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 86,066,401 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 2,152,003 |
| 4 | Net unrealized gains (losses) on investments | 4 | 6,137,831 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 3,109,764 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 9,247,595 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 11,399,598 |
| Par | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 90,673,813 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 1,238 |
| 3 | Subtract line 2e from line 1 | 3 | 90,672,575 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a -1,013,641 | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | -2,454,171 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 88,218,404 |
| <u> </u> | Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial | per | 85,690,377 |
| 1 | statements | 1 | 85,090,377 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 1,436,338 |
| 3 | Subtract line 2e from line 1 | 3 | 84,254,039 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 1,812,362 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 86,066,401 |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--------------------|------------------|---|
| PART X, LINE 2 | | ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISION UNDER FIN 48 AAAS ADOPTED THE PROVISIONS OF FIN 48 EFFECTIVE FOR THE FISCAL YEAR ENDED DECEMBER 31, 2007 THESE PROVISIONS HAD NO IMPACT ON AAAS'S FINANCIAL POSITION CHANGES IN NET ASSETS OR CASH FLOWS |
| PART XI, LINE 8 | | RESTRICTED AWARDS & AMOUNT RELEASED FROM RESTRICTIONS \$2,048,268, LOSS ON BOND TRANSACTION \$(431,116), DEFERRED TAX LIABILITY \$1,492,612 |
| PART XII, LINE 2D | | SUBSIDIARY INCOME \$1,238 |
| PART XII, LINE 4B | | CONTRIBUTIONS FROM OTHER RESTRICTED NET ASSETS \$33,171, CONTRIBUTIONS FROM PERMANENTLY RESTRICTED NET ASSETS \$107,595, RENTAL EXPENSES \$(1,581,296) |
| PART XIII, LINE 2D | | SUBSIDIARY EXPENSES \$(144,958), RENTAL EXPENSES \$1,581,296 |
| PART XIII, LINE 4B | | AUDITORIUM REFIT \$319,750 DEFERRED TAX LIABILITY ADJUSTMENT \$1,492,612 |

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DLN: 93493298003271

OMB No 1545-0047

2010

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

| | ie of the organization | | | | Lilipioyei idelit | ii icacion number |
|--------|--|--|--|----------------------------|--|---|
| ME | ERICAN ASSOCIATION FOR THE | | | | | |
| ١D١ | ANCEMENT OF SCIENCE | | | | 53-0196568 | |
| Pā | "Yes" to Form 990, Pa | | | he United States. C | omplete if the organiz | ation answered |
| 1 2 | For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance? For grantmakers. Describe in Paulinted States | gibility for the | grants or assis | stance, and the select | on criteria used to awa | ard ∀ Yes |
| 3 | Activites per Region (Use Part V | V ıf addıtıonal s | pace is needed [|) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | région (by type) (e g , | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | East Asia and the Pacific | 1 | 1 | Program Services | NEWS WRITING | 433,432 |

| (a) Kegion | offices in the region | employees or agents in region or independent contractors | region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | | expenditures for region/investments in region |
|---|-----------------------|---|---|--------------------------|---|
| East Asia and the Pacific | 1 | 1 | | NEWS WRITING SERVICES | 433,432 |
| North America | 1 | 1 | Program Services | EDITORIAL SERVICE | 155,371 |
| Europe (Including Iceland and Greenland) | 0 | 4 | Grantmakıng | | 66,982 |
| North America | 0 | 5 | Grantmakıng | | 9,775 |
| Europe (Including Iceland and Greenland) | 0 | 3 | Grantmakıng | | 2,500 |
| East Asia and the Pacific | 0 | 1 | Grantmakıng | | 1,500 |
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| Sub-total Total from continuation sheets | 2 | 15 | | | 669,560 |
| to Part I Totals (add lines 3a and 3b) | 2 | 15 | | | 669,560 |
| (| | | 1 | 1 | |

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, othe |
|--------------------------------|---|---|-------------------------|---|---------------------------------------|---|--|--|
| | | Europe/Iceland/Greenland | SUBCONTRACT | 18,023 | WIRE | 0 | | |
| | | Europe/Iceland/Greenland | SUBCONTRACT | 21,250 | WIRE | 0 | | |
| | | Europe/Iceland/Greenland | SUBCONTRACT | 23,172 | WIRE | 0 | | |
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| Enter total nu tax-exempt b | imber of recip by the IRS, or | ient organizations listed for which the grantee oi | above that are rec | ognized as charitie ded a section 501(| s by the foreign co | untry, recognized a | s • | |
| • | • | organizations or entitle | • | • | | | | |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Part V if additional space is needed.

| Use Part V if | <u>additional space is neede</u> | d. | | | | | 1 |
|------------------------------------|----------------------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| GRANTS TO INDIVIDUAL(S) | East Asia/Pacific | 1 | 1,500 | | 0 | | |
| GRANTS TO INDIVIDUAL(S) | North America | 5 | 9,775 | WIRE | 0 | | |
| GRANTS TO INDIVIDUAL(S) | Europe/Iceland/Greenland | 3 | 2,500 | WIRE | 0 | | |
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Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | ₹ | Νo |
|---|--|---|-----|---|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | ~ | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | 굣 | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | ্ | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | Г | Yes | ্ | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ⊽ | Νo |

Schedule F (Form 990) 2010

| information. Identifier | ReturnReference | Explanation |
|--------------------------|---|-------------|
| 14011111101 | T. G. | Explanation |
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DLN: 93493298003271

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

| Name of the organization |
|-----------------------------|
| AMERICAN ASSOCIATION FOR TH |
| ADVANCEMENT OF SCIENCE |

Employer identification number

53-0196568

| Part I | Fundraising Activities. | Complete if th | e organızatıon | answered "Yes" | to Form 990, | Part IV, line 17. |
|--------|-------------------------|----------------|----------------|----------------|--------------|-------------------|
|--------|-------------------------|----------------|----------------|----------------|--------------|-------------------|

- Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | fundraiser have custody or control of | | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
|--|---------------------------|--|----------|---|---------|--------------------------------------|--|--|
| | | Yes | No | | | | | |
| | DESIGNS SO- LICIATIONS | | No | 351,811 | 26,000 | 325,811 | | |
| COMNET MARKETING GROUP 1214 STOWE AVENUE MEDFORD, OR 97501 | TELE- MARKETING | | No | 192,360 | 65,834 | 126,526 | | |
| | STRATEGIC FUNDRAISING | | No | O | 12,035 | -12,035 | | |
| Total | | | . | 544,171 | 103,869 | 440,302 | | |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

| Pa | rt II | Fundraising Events. Com more than \$15,000 on Form | | | | | | |
|-----------|--------|--|---------------------------|-------------------------|---|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) O ther Events (total number) | (d) Total Events (Add col (a) through col (c)) | | |
| <u>Ф</u> | | | | | (************************************** | | | |
| Reveilue | 1 2 | Gross receipts Less Charitable | | | | | | |
| ₩ Ф | - | contributions | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | | | |
| | 4 | Cash prizes | | | | | | |
| မှာ | 5 | Non-cash prizes | | | | | | |
| anse T | 6 | Rent/facility costs | | | | | | |
| Expenses | 7 | Food and beverages | | | | | | |
| Direct | 8 | Entertainment | | | | | | |
| ā | 9 | Other direct expenses . | | | | | | |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın columı | n (d) | 🛌 | | | |
| | 11 | Net income summary Combine III | nes 3 and 10 ın column | (d) | | | | |
| Par | t II | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted more than | | |
| | | | (a) Bingo | (b) Pull tabs/Instant | (c) O ther gaming | (d) Total gaming | | |
| Revenue | | | | bingo/progressive bingo | | (Add col (a) through col (c)) | | |
| | 1 | Gross revenue | | | | | | |
| Ses | 2 | Cash prizes | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | |
| ញ ថ្ល | 4 | Rent/facility costs | | | | | | |
| Direct | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | ┌ Yes % ┌ No | ☐ Yes % ☐ No | ┌ Yes % | _ | | |
| | 7 | Direct expense summary Add lines | s 2 through 5 ın column | (d) | | | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in col | umn (d) | | | | |
| 9 | Ent | er the state(s) in which the organize | ation operates gaming ac | tivities | | | | |
| а | | | | | | | | |
| b | If" | No," Explain | | | | | | |
| | | | | | | 1 | | |
| 10a | | re any of the organization's gaming | | | the tax year? | · · Fyes Fno | | |
| b | If" | Yes," Explain | | | | | | |
| | | | | | | 1 | | |

| L1 | Does the organization operate ga | aming activities with nonmembe | rs? | . Г _{Yes} Г _{No} |
|------------|--|------------------------------------|--|------------------------------------|
| L2 | Is the organization a grantor, be | neficiary or trustee of a trust or | a member of a partnership or other entity | |
| | formed to administer charitable (| jaming? | | · Fyes Fno |
| L3 | Indicate the percentage of gamii | ng activity operated in | | |
| а | The organization's facility | | 13a | |
| b | An outside facility | | | |
| L4 | Provide the name and address o records | fthe person who prepares the or | ganization's gaming/special events books and | |
| | Name 🟲 | | | |
| | Address 🏲 | | | |
| l5a | | | om the organization receives gaming | |
| L | | | | · I Yes I No |
| D | amount of gaming revenue retair | | ganization 🟲 \$ and the | |
| _ | | | | |
| C | If "Yes," enter name and addres | 5 | | |
| | Name ► | | | |
| | Address 🟲 | | | |
| L 6 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation | \$ | | |
| | Description of services provided | • | | |
| | Director/officer | Employee | Independent contractor | |
| .7 | Mandatory distributions | ,ps, ss | ,, | |
| а | | er state law to make charitable c | distributions from the gaming proceeds to | |
| | retain the state gaming license? | | | Γ_{Yes} Γ_{No} |
| ь | Enter the amount of distributions | required under state law distrib | outed to other exempt organizations or spent | 7 100 7 110 |
| | ın the organization's own exempt | : activities during the tax year 🕨 | • \$ | |
| Par | Complete this part to instructions.) | orovide additional information | on for responses to question on Schedule G | (see |
| | Identifier | ReturnReference | Explanation | |
| sch | IEDULE G, PART I, LINE 2B | | NEXUS DIRECT LLC 2101 PARKS AVE, V VA 23451 COMNET MARKETING GROUP AVE, MEDFORD, OR 97501 MICHAEL J W ASSOCIATES 3622 JENIFER ST NW, WAS 20015 | 1214 STOWE ORTH & |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

DLN: 93493298003271 OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

| Internal Revenue Service Name of the organization | | | Attach to Form 990 | | | | |
|---|---|--------------------------------------|----------------------------|------------------------|--|---|----|
| AMERICAN ASSOCIATION FOR THE | | | | | | 53-0196568 | |
| | Employer identification number ASSO CIATION FOR THE ENT OF SCIENCE General Information on Grants and Assistance The organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ection criteria used to award the grants or assistance? | | | | | | |
| the selection criteria used to awa Describe in Part IV the organizat | ard the grants or as tion's procedures fo | sistance? or monitoring the use o | f grant funds in the Unite | d States | | | |
| Form 990, Part IV, line | 21 for any recip | ient that received n | nore than \$5,000. Che | eck this box if no one | recipient receive | ed more than \$5,000 | |
| 1 (a) Name and address of organization or government | (b) EIN | section | | cash | valuation (book, FMV, appraisal, | 1 1-7 | |
| See Additional Data Table | | | 8 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 503 Enter total number of other organ | | | | | | · · · · · • • • • • • • • • • • • • • • | 22 |

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 Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|-------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) AAAS SCIENCE AND TECHNOLOGY POLICY FELLOWS | 136 | 8,100,587 | 0 | | |
| (2) AAAS MASS MEDIA FELLOWS | 16 | 49,700 | 0 | | |
| (3) ACCESS SUMMER INTERNSHIP PROGRAM | 21 | 123,050 | 0 | | |
| (4) SUBCONTRACTS | 1 | 69,268 | 0 | | |
| (5) PRIZES & A WARDS | 65 | 85,030 | 0 | | |
| | | | | | |
| | | | | | |

| Ident if ier | Return Reference | Explanation |
|--|------------------|---|
| SCHEDULE I, PART I, LINE 2 | | AS A RECIPIENT OF FEDERAL FUNDS, AAAS IS RESPONSIBLE FOR ENSURING THAT ALL FUNDS RECEIVED, INCLUDING THOSE PASSED THROUGH TO SUBRECIPIENT ORGANIZATIONS, ARE USED FOR AUTHORIZED PURPOSES IN COMPLIANCE WITH FEDERAL LAWS, REGULATIONS, AND GRANT AGREEMENTS AND THAT THE GOALS AND OBJECTIVES OF THE PROJECT ARE ACHIEVED AAAS IS RESPONSIBLE FOR ENSURING THAT THE SELECTED SUBRECIPIENTS HAVE THE TECHNICAL AND ADMINISTRATIVE CAPABILITIES TO ACHIEVE THE PURPOSE OF THE AWARD SOME OF THE METHODS AAAS USES TO MONITOR ITS SUBRECIPIENTS INCLUDE - ENSURING THAT SUBRECIPIENTS ARE ELIGIBLE TO RECEIVE FEDERAL FUNDS - PROVIDING INFORMATION TO SUBRECIPIENTS ABOUT THE FEDERAL AWARD, INCLUDING THE CFDA NO AND COMPLIANCE REQUIREMENTS - PROVIDING TECHNICAL ADVICE AND/OR TRAINING TO SUBRECIPIENTS TO ENSURE THAT THEY ARE FAMILIAR WITH THE GOVERNMENT-WIDE AND PROGRAM-SPECIFIC REQUIREMENTS THAT APPLY TO THEIR SUBAWARD - ENSURING THAT SUBRECIPIENTS HAVE AN A-133 COMPLIANCE AUDIT IF REQ - MONITORING THE QUALITY OF THE SUBRECIPIENT'S PERFORMANCE - CONDUCTING LIMITED-SCOPE AUDITS - CONDUCTING ONSITE VISITS - REVIEWING THE PERIODIC FINANCIAL & PROGRESS REPORTS SUBMITTED BY THE SUBRECIPIENT TO ENSURE THAT THE INFO IS ACCURATE & COMPLETE AND THAT ADEQUATE PROGRESS IS BEING MADE TOWARD ACHIEVING PROGRAM GOALS & OBJECTIVES - COMMUNICATING WITH SUBRECIPIENTS ON AN INFORMAL BASIS THROUGH TELEPHONE CALLS AND E-MAILS TO LEARN ABOUT THE STATUS OF FINANCIAL AND STATUS REPORTS, PROGRESS TOWARD GOALS AND OBJECTIVES, AND OTHER SUBAWARD ISSUES IN DETERMINING WHICH METHODS TO USE, WE NEED TO CONSIDER SUCH FACTORS AS - RESOURCES AVAILABLE FOR MONITORING PURPOSES - COMPLEXITY OF THE COMPLIANCE REQUIREMENTS - AAAS' PRIOR EXPERIENCE WITH ADMINISTERING FEDERAL SUBAWARDS - TYPE OF AWARD (ONE YEAR V MULTIYEAR) REGARDLESS OF THE METHODS CHOSEN TO MONITOR SUBRECIPIENTS, ALL MONITORING MUST BE DOCUMENTED IN THE FILES |
| SCHEDULE I, PART II, LINE 1, COLUMN (H) | | NAME OR ORGANIZATION OR GOVERNMENT MISCELLANEOUS GRANTS/PRIZES/AWARDS PURPOSE OF GRANT OR ASSISTANCE SUPPORT FOR ACADEMIES FOR PROJECTS THAT ENCOURAGE SECONDARY SCHOOLS TO CONDUCT RESEARCH |

Software ID: Software Version:

EIN: 53-0196568

Name: AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

| Form 990,Schedule I, Part | t II, Grants and | d Other Assistance | e to Governments | and Organization | s in the United St | ates | |
|--|------------------|---------------------------------------|--------------------------------------|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AIBS1313 DOLLEY MADISON BLVD MCLEAN,VA 22101 | 53-0220853 | 501(C)(3) | 17,213 | 0 | | | SUBCONTRACT SUPPORT PARTICIPATION IN THE ONLINE BEN PORTAL |
| AMER PHYSIOLOGICAL SOCIETY9650 ROCKVILLE PIKE BETHESDA, MD 208143991 | 53-0204660 | 501(C)(3) | 34,140 | 0 | | | SUBCONTRACT SUPPORT PARTICIPATION IN THE ONLINE BEN PORTAL |
| BELOIT COLLEGE700 COLLEGE ST BELOIT, WI 53511 | 39-0808497 | 501(c)(3) | 7,854 | 0 | | | SUBCONTRACT SUPPORT PARTICIPATION IN THE ONLINE BEN PORTAL |
| BIOTECHNOLOGY INSTITUTE2000 N 14th St ARLINGTON,VA 22201 | 56-6000756 | 501(c)(3) | 10,797 | 0 | | | SUBCONTRACT SUPPORT PARTICIPATION IN THE ONLINE BEN PORTAL |
| BROWN UNIVERSITYPO BOX J PROVIDENCE,RI 02912 | 05-0258809 | 501(C)(3) | 30,000 | 0 | | | SUBCONTRACT SUPPORT FOR POSTDOCTORAL RESEARCH & CAREER ADVANCEMENT |
| BUCKS COUNTY FREE LIBRARY150 S PINE ST DOYLESTOWN, PA 189014932 | 23-1520310 | 501(C)(3) | 25,707 | 0 | | | SUBCONTRACT SUPPORT LIBRARY PROGRAM FOR SCI IN THE SUMMER |
| BIOLOGICAL SCI CURRICULUM STUDY5415 MACK DABLING BVD CO SPRINGS,CO 80918 | 84-0622557 | 501(C)(3) | 74,601 | 0 | | | SUBCONTRACT PARTICIPATING IN DEPT OF ED BIOLOGY CURRICULUM ASSESSMENTS |
| CAMPBELL-KIBLER ASSOC 80 LAKESIDE DRIVE C/O PATRICIA CAMPBELL GROTON,MA 01450 | 04-3297519 | | 129,590 | 0 | | | SUBCONTRACT EVALUATIONS FOR VARIOUS GRANT PROGRAMS |
| CHESTER COUNTY LIBRARY450 EXTON SQ PKWY EXTON,PA 193412496 | 23-1352067 | 501(C)(3) | 24,234 | 0 | | | SUBCONTRACT SUPPORT LIBRARY PROGRAM FOR SCI IN THE SUMMER |
| CPST1200 NY AVE NW WASHINGTON, DC 20005 | 53-0214277 | 501(C)(3) | 22,500 | 0 | | | SUBCONTRACT SUPPORT FOR POSTDOCTORAL RESEARCH & CAREER ADVANCEMENT |
| DC ASSN OF CHARTERED PUB SCHLS1300 ALLISON ST NW WASHINGTON, DC 20011 | 80-0104380 | 501(C)(3) | 79,987 | 0 | | | SUBCONTRACT SUPPORT FOR GET SET ITES COLLABORATION |
| FREE LIBRARY PA FOUNDATION1901 VINE ST PHILADELPHIA, PA 19103 | 52-1173474 | 501(C)(3) | 16,927 | 0 | | | SUBCONTRACT SUPPORT LIBRARY PROGRAMS FOR SCI IN THE SUMMER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| Form 990,Schedule 1, Pai | t II, Grants an | d Other Assistant | e to dovernments | and Organization | is in the officed St | 165 | |
|---|-----------------|---------------------------------------|--------------------------------------|---|--|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HARRIS BAIO & MCCULLOUGH520 SOUTH FRONT ST PHILADELPHIA,PA 19147 | 23-2269161 | | 41,071 | 0 | | | SUBCONTRACT SUPPORT LIBRARY PROGRAMS FOR SCI IN THE SUMMER |
| ISOVERA INC460 TOTTEN POND DR WALTHAM, MA 02451 | 04-3455910 | | 64,078 | 0 | | | SUBCONTRACT WEB DEVELOPMENT FOR VARIOUS PROGRAMS |
| MASS INSTITUTE OF TECH (MIT)77 MASS AVE ROOM 3208 CAMBRIDGE, MA 021394307 | 04-2103594 | 501(C)(3) | 30,000 | О | | | SUBCONTRACT FELLOWSHIP SUPPORT FOR POST DOCTORAL RESEARCH |
| MEHARRY MEDICAL COLLEGE1005 DR D B TODD BLVD NASHVILLE,TN 37208 | 62-0488076 | 501(C)(3) | 30,000 | 0 | | | SUBCONTRACT FELLOWSHIP SUPPORT FOR POSTDOCTORAL RESEARCH |
| MEMORIAL LIBRARY RADNOR TOWNSHIP114 WEST WAYNE AVE WAYNE,PA 19087 | 23-1352225 | 501(C)(3) | 38,200 | О | | | SUBCONTRACT SUPPORT LIBRARY PROGRAMS FOR SCI IN THE SUMMER |
| MONTGOMERY COUNTY 1001 POWELL ST NORRISTOWN, PA 194013817 | 23-1381450 | 501(C)(3) | 37,425 | 0 | | | SUBCONTRACT SUPPORT LIBRARY PARTICIPATION IN SCIENCE SUMMER PROGRAM |
| NORTH CAROLINA STATE UNIVERSITYPO BOX 7214 RALEIGH,NC 27695 | 56-6000756 | 501(C)(3) | 36,194 | 0 | | | SUBCONTRACT SUPPORT PARTICIPATION IN ONLINE BEN PORTAL |
| PRESIDENT & FELLOWS OF HARVARD COLLEGE1033 MASS AVE 2ND FLOOR CAMBRIDGE, MA 02138 | 04-2103580 | 501(C)(3) | 60,000 | o | | | SUBCONTRACT FELLOWSHIP SUPPORT FOR POSTDOCTORAL RESEARCH |
| SAN DIEGO SPACE & SCIENCE FDNPO BOX 33303 SAN DIEGO,CA 92163 | 95-6066250 | 501(C)(3) | 15,000 | 0 | | | SUBCONTRACT PARTICIPATION IN PUBLIC SCIENCE DAY |
| UNIVERSITY OF ALABAMA 701 S 20TH ST BIRMINGHAM, AL 352940106 | 63-6001138 | 501(C)(3) | 10,000 | 0 | | | SUBCONTRACT SUPPORT FOR POSTDOCTORAL RESEARCH & CAREER ADVANCEMENT |
| UNIVERSITY OF MONTANA OFFICE OF PRGRMS MISSOULA, MT 59812 | 81-6001713 | 501(C)(3) | 67,418 | 0 | | | SUBCONTRACT COLLABORATOR FOR VISION CHANGE CONFERENCE |
| UCAR UNIVERSITY CORPORATIONPO BOX 3000 BOULDER,CO 803073000 | 84-0412668 | 501(C)(3) | 67,879 | 0 | | | SUBCONTRACT SUPPORT FOR CAPACITY BUILDING OF NSDC RESOURCES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|------------------------------|---|--|--|---|
| _ | | | | | other) | | |
| YALE UNIVERSITY205 PROSPECT STREET NEW HAVEN,CT 06511 | 06-0646973 | 501(C)(3) | 28,858 | 0 | | | SUBCONTRACT FELLOWSHIP SUPPORT FOR POST DOCTORAL RESEARCH |
| MISCELLA NEO US GRA NTSPRIZESA WA RDS | | | 22,056 | 0 | | | SUBCONTRACT SUPPORT FOR ACADEMIES FOR PROJECTS THAT ENCOURAGE SECONDARY SCHOOLS TO CONDUCT SCIENTIFIC |

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DLN: 93493298003271

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization ADVANCEMENT OF SCIENCE

Employer identification number AMERICAN ASSOCIATION FOR THE 53-0196568 Part I Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4Ь Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Yes 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & ıncentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| (1) ALAN I LESHNER | (I) (II) | 500,577 0 | 210,000 0 | 16,500 0 | 29,400 0 | 3,494 0 | 759,971 0 | |
| (2) BETH ROSNER | (I) (II) | 365,120 0 | 213,000 0 | 16,500 0 | 29,400 0 | 734 0 | 624,754 0 | |
| (3) PHILLIP BLAIR | (I) (II) | 283,052 0 | 28,000 0 | 16,500 0 | 29,400 0 | 7,898 0 | 364,850 0 | |
| (4) SHIRLEY MALCOM | (I) (II) | 231,845 0 | 10,000 0 | 16,500 0 | 28,800 0 | 8,964 0 | 296,109 0 | |
| (5) COLLEEN STRUSS | (I) (II) | 220,814 0 | 20,000 0 | 0 0 | 17,703 0 | 6,649 0 | 265,166 0 | |
| (6) BRUCE ALBERTS | (I) (II) | 217,723 0 | 0 0 | 0 0 | 26,127 0 | 0 0 | 243,850 0 | |
| (7) WILLIAM MORAN | (I) (II) | 208,926 0 | 26,478 0 | 0 | 25,590 0 | 11,992 0 | 272,986 0 | |
| (8) MONICA BRADFORD | (1) (11) | 191,417 0 | 15,000 0 | 0 | 23,003 0 | 12,155 0 | 241,575 0 | |
| (9) ALBERT TEICH | (1) (11) | 160,504 0 | 0 | 16,500 0 | 21,480 0 | 12,405 0 | 210,889 | |
| (10) IAN KING | (1) (11) | 140,527 0 | 79,267 0 | 0 0 | 17,320 0 | 11,762 0 | 248,876 | |
| (11) TOM RYAN | (1) (11) | 129,933 0 | 193,944 0 | 0 | 15,647 0 | 4,413 0 | 343,937 | |
| (12) JO ELLEN ROSEMAN | (1) (11) | 187,726 0 | 10,000 0 | 0 | 22,145 0 | 1,604 0 | 221,475 | |
| (13) ALISON FRENCH | (1) (11) | 182,033 0 | 20,000 0 | 0 | 22,230 0 | 11,548 0 | 235,811 | |
| (14) COLIN NORMAN | (1) (11) | 180,054 0 | 10,000 0 | 0 0 | 21,646 0 | 9,174 0 | 220,874 | |
| (15) VAUGHAN TUREKIAN | (ı) (ıı) | 173,655 0 | 10,000 0 | 0 0 | 21,277 0 | 11,626 | 216,558 | |
| (16) VIRGINIA PINHOLSTER | (I) (II) | 171,378 0 | 20,000 0 | 15,500 0 | 22,849 0 | 7,878 | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Ret urn Ref erence | Explanation |
|-------------------|-----------------------|--|
| PART I, LINE 5 | | CERTAIN STAFF WHO ARE ENGAGED IN SALES ACTIVITY RECEIVE COMMISSIONS BASED ON REVENUES (SALES) THESE COMMISSIONS ARE TIED TO A NUMBER OF DEFINED CRITERIA, WHICH MAY INCLUDE GROSS SALES, EXPANSION OF CUSTOMER BASE, OR OTHER RELEVANT MEASUREMENT FACTORS COMMISSION STRUCTURES ARE ESTABLISHED PRIOR TO THE YEAR FOR WHICH THEY APPLY, AND ARE CALCULATED AND ADMINISTERED BY STAFF INDEPENDENT OF THE SALES PROCESS |

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 53-0196568

Name: AMERICAN ASSOCIATION FOR THE

ADVANCEMENT OF SCIENCE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| · · · · · · · · · · · · · · · · · · · | | | | y Employees, and | g.iest compens | | | |
|---------------------------------------|-------------|--------------------------|---|-----------------------------|----------------|----------------|----------------------|--|
| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MIS | C compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ |
| ALAN I LESHNER | (1) (11) | 500,577 0 | 210,000 0 | 16,500 0 | 29,400 0 | 3,494 0 | 759,971 0 | 0 |
| BETH ROSNER | (1) (11) | 365,120 0 | 213,000 | 16,500 0 | 29,400 0 | 734 0 | 624,754 0 | 0 |
| PHILLIP BLAIR | (1) (11) | 283,052 0 | 28,000 0 | 16,500 0 | 29,400 0 | 7,898 0 | 364,850 0 | 0 |
| SHIRLEY MALCOM | (1) (11) | 231,845 0 | 10,000 | 16,500 0 | 28,800 0 | 8,964 0 | 296,109 0 | 0 |
| COLLEEN STRUSS | (ı) (ıı) | 220,814 0 | 20,000 | 0 | 17,703 0 | 6,649 0 | 265,166 0 | 0 |
| BRUCE ALBERTS | (1) (11) | 217,723 0 | 0 | 0 | 26,127 0 | 0 | 243,850 | 0 |
| WILLIAM MORAN | (1) (11) | 208,926 0 | 26,478 0 | 0 | 25,590 0 | 11,992 0 | 272,986 0 | 0 |
| MONICA BRADFORD | (1) (11) | 191,417 0 | 15,000 0 | 0 | 23,003 0 | 12,155 0 | 241,575 0 | 0 |
| ALBERT TEICH | (ı) (ıı) | 160,504 0 | 0 | 16,500 0 | 21,480 0 | 12,405 0 | 210,889 | 0 |
| IAN KING | (1) (11) | 140,527 0 | 79,267 0 | 0 | 17,320 0 | 11,762 0 | 248,876 0 | 0 |
| TOM RYAN | (1) (11) | 129,933 0 | 193,944 0 | 0 | 15,647 0 | 4,413 | 343,937 0 | 0 |
| JO ELLEN ROSEMAN | (1) (11) | 187,726 0 | 10,000 | 0 | 22,145 0 | 1,604 | 221,475 0 | 0 |
| ALISON FRENCH | (ı) (ıı) | 182,033 0 | 20,000 | 0 | 22,230 0 | 11,548 0 | 235,811 | 0 |
| COLIN NORMAN | (ı) (ıı) | 180,054 0 | 10,000 | 0 | 21,646 0 | 9,174 0 | 220,874 0 | 0 |
| VAUGHAN TUREKIAN | (ı) (ıı) | 173,655 0 | 10,000 | 0 | 21,277 0 | 11,626 0 | 216,558 0 | 0 |
| VIRGINIA PINHOLSTER | (ı) (ıı) | 171,378 0 | 20,000 | 15,500 0 | 22,849 0 | 7,878 0 | 237,605 | 0 |

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As Filed Data -

DLN: 93493298003271

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

Employer identification number

53-0196568

| ldentifier | Return Reference | Explanation |
|--------------------------------|---|---|
| FORM 990, PART I, LINE 1 | DESCRIPTION OF ORGANIZATION MISSION | TO FULFILL THIS MISSION, THE AAAS BOARD HAS SET THESE BROAD GOALS - ENHANCE COMMUNICATION AMONG SCIENTISTS, ENGINEERS, AND THE PUBLIC, - PROMOTE AND DEFEND THE INTEGRITY OF SCIENCE AND ITS USE, - STRENGTHEN SUPPORT FOR THE SCIENCE AND TECHNOLOGY ENTERPRISE, - PROVIDE A VOICE FOR SCIENCE ON SOCIETAL ISSUES, - PROMOTE THE RESPONSIBLE USE OF SCIENCE IN PUBLIC POLICY, - STRENGTHEN AND DIVERSIFY THE SCIENCE AND TECHNOLOGY WORKFORCE, - FOSTER EDUCATION IN SCIENCE AND TECHNOLOGY FOR EVERYONE, - INCREASE PUBLIC ENGAGEMENT WITH SCIENCE AND TECHNOLOGY, AND - ADVANCE INTERNATIONAL COOPERATION IN SCIENCE |

| PROGRAM SERVICES LINE 4D PROGRAM SERVICES SOCIAL AND ECONOMIC LLS THAT AFFECT HUNDREDS OF MILLIONS OF PEOPLE THE GROWING AWARENESS SOCIAL AND ECONOMIC LLS THAT AFFECT HUNDREDS OF MILLIONS OF PEOPLE THE GROWING AWARENESS SOCIAL AND ECONOMIC LLS THAT AFFECT HUNDREDS OF MILLIONS OF PEOPLE THE GROWING AWARENESS SOCIAL AND ECONOMIC LLS THAT THAT LINE ALL GOVERNMENTS AND INTERNATIONAL OF GROWING AND AND AND AND AND AND SOCIAL AND SERVICES REQUIRES THE CREATION OF A SOLID SCIENTFIC INFRASTRUCTURE IN DEVELOPING COUNTRY AND THE READERS AND AS AND LEADING SOCIAL SOLID SERVICES PARTIMERSHES AND MINTAINS RELATIONSHIPS BETWEEN AAAS AND LEADING SOCIATION OF PEOPLE OF PARTIMERSHES AND MINTAINS RELATIONSHIPS BETWEEN AAAS AND LEADING SOCIATIONAL OFFICE DEVELOPING FOR SOCIAL AND ECONOMICS AND NON-GOVERNMENTAL ACTORS OUR OVERSACIANIS GOAL STOCKAPIC LINKAGES AND TO FACILITATE NEW INITIATIVES THAT ADVANCE THE SHARED MISSION OF ADVANCING SCIENCE AND SERVING SOCIETY AAAS MINEMENTS SEVERAL PROGRAMAS DEDICATED TO STREINTHENING THE FOUNDATION FOR SOCIAL AND TECHNOLOGY WORLDWIDE AMONG THEM AND (1) BUILDING CAPACITY IN DEVELOPING COUNTRES, (2) PROGROMOTHS LINKAGES WITH INTERNATIONAL SOLID STREINTHENING THE FOUNDATION FOR SOCIAL AND SOCIAL THAT THE INTERNATIONAL COLLABORATION FOR SECRECE PROVIDED SERVINGE OF THE SOCIAL BOARD AND THE PARTIMENT OF THE SOCIAL THAT THE AND THE AND THE ADVANCES SOLID SERVINGE SOLID SERVINGE SOLID SERVINGE SOLID SERVINGE COOPERATION THE INTERNATIONAL SOLID SERVINGE AND THE SOLID SERVINGE SOLID SERVINGE SOLID SERVINGE AND THE SOLID SERVINGE SOLID SERVINGE AND THE SOLID SERV | ldentifier | Return Reference | Explanation |
|--|---------------------------|-------------------------------|--|
| LAB WHOSE MANDATE IS TO HELP POLICY MAKERS IN THE U.S. FEDERAL GOVERNMENT TAP INTO THE EXPEROF THEIR PELLOW CITIZENS UTILIZING SOCIAL NETWORKS AND OTHER INNOVATIVE TECHNOLOGIES BY USIN OPEN WEB TECHNOLOGIES, THE PROJECT AMS TO MAKE IT EASY FOR POLICY MAKERS AND SCIENTISTS TO CONNECT WITH ONE ANOTHER USING ALREADY. FAMILIAR WEB SITES AND PROGRAMS PROJECT STAFF LEB FROM THE BEST EXAMPLES FROM THE BEST PERMEMBER, WORLD OF TECHNOLOGY STARTUPS AS WELL AS SUCCESSFUL MODELS IN THE ACADEMIC WORLD THE PROJECT, FUNDED THROUGH A GRANT FROM THE JOH AND CATHERINE T. MACARTHUR FOUNDATION, WORKS CLOSELY WITH GOVERNIMENT AGENCIES TO MAKE S. THE TOOLS CREATED WILL BE USEFUL FOR THEM. (5) PUBLIC PROGRAMS SCIENCE AND TECHNOLOGY ARE INTEGRAL TO EVERY ASPECT OF MODERN LIFE. DESPITE GENERALLY FAVORABLE PUBLIC ATTITUDES ABOU SCIENCE. TECHNOLOGY, AND THER BENEFITS, HOWEVER, TENSIONS CONTINUE TO EMERGE AT THE INTERSECTION OF CORE HUMAN VALUES AND CERTAIN SCIENTIFIC FELLOS-FROM HUMAN EMBRY ONIC STEM C. AND GLOBAL CLIMATE-CHANGE RESEARCH. TO THE TEACHING OF EVOLUTION INCREASINGLY, THIS TENSION HAS INTERFERED WITH SCIENTIFIC PROGRESS. THE QUALITY OF SCIENCE EDUCATION. AND THE BROADER ASILITY OF THE SCIENTIFIC ENTERPRISE TO FULLLY SERVE THE NEEDS OF SOCIETY. AAS BUILD UPON AND MOVES BEY OND TRADITIONAL PUBLIC UNDERSTANDING EFFORTS, TOWARD MODE COMPREHENSIVE PUBLIC. DIALOGUE OPPORTUNITIES AAAS HAS HAD LONG-STANDING SUCCESS IN BRINGING SCIENCE TO THE PUBLIC DIALOGUE OPPORTUNITIES AAAS HAS HAD LONG-STANDING SUCCESS IN BRINGING SCIENCE TO THE PUBLIC DIALOGUE OPPORTUNITIES AAAS HAS HAD LONG-STANDING SUCCESS IN BRINGING SCIENCE TO THE PUBLIC DIALOGUE ON MANY OF THE TOT MORE UNDERSTANDABLE TERMS THROUGH ITS CENTER FOR PUBLIC ENGAGEMENT WITH SCIENTIFIC SCIENCE EDUCATION, AND TERRITA THROUGH THE CENTER FOR PUBLIC ENGAGEMENT WITH SCIENTIFIC SCIENCE FOR PUBLIC BY A STEM CELL RESEA AND CLONING, EVOLUTION AND SCIENCE EDUCATION, SCIENCE, TECHNOLOGY AND NATIONAL SECURITY. BIOTERRORISM ENERGY POLICY, SUSTAINBLE DEVELOPMENT, THE ENVIRONMENT. CLIMATE CHANGE | FORM 990, PART III, | Reference OTHER PROGRAM | INTERNATIONAL CERTER AS SCENCE BECOMES INCREASINELY GLOBAL INDEPENDENCE SCENCIA CONTROL SECRETARY OF CARLON CONTROL SECRETARY OF COLLABORATIONS AT THE SAME THES SOME AND TOTAL CONTROL SECRETARY OF COLLABORATIONS AT THE SAME THE SOME AND SECRETARY OF COLLABORATIONS AT THE SAME THE SOME AND SECRETARY OF COLLABORATIONS AND THE SAME THE SOME AND THAT CHARLES OF THE PROPERTY OF COLLABORATION SECRETARY |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | | AAAS ENROLLS AS MEMBER OVER 115,000 SCIENTISTS, ENGINEERS, SCIENCE EDUCATORS, POLICYMAKERS AND OTHER INTERESTED IN SCIENCE AND TECHNOLOGY IN THE UNITED STATES AND MANY OTHER COUNTRIES THROUGHOUT THE WORLD |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | | MEMBERS CHOOSE AAAS ELECTIVE OFFICERS EACH YEAR INCLUDING THE PRESIDENT-ELECT, THE PRESIDENT, THE CHAIRMAN OF THE BOARD AND MEMBERS OF THE BOARD AAAS MEMBERS HAVE THE OPPORTUNITY TO SUGGEST NOMINEES (INCLUDING THEMSELVES) FOR PRESIDENT-ELECT AND THE BOARD OF DIRECTORS |

| ldentifier Return Referen | Explanation ee |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11 | AAAS' FORM 990 IS DEVELOPED BY STAFF IN THE FINANCE OFFICE, IN CONSULTATION WITH OUTSIDE TAX ADV ISORS REGARDING SPECIFIC QUESTIONS OR ISSUES MANY OF THE SUPPORTING SCHEDULES ARE PREPARED BY A STAFF ACCOUNTANT, THESE ARE ALL REVIEWED BY THE DIRECTOR OF ACCOUNTING OPERATIONS, WHO OVERSEES THE COMPILATION OF THE FORM 990 THE DIRECTOR OF ACCOUNTING OPERATIONS REVIEWS THE 990 IN DETAIL WITH THE DIRECTOR OF FINANCE, THIS REVIEW MAY INCLUDE THE TAX CONSULTANTS ONCE THE DIRECTOR OF FINANCE HAS SIGNED OFF, THE FORM 990 IS REVIEWED WITH THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER, WHO EACH RECEIVE A FULL COPY OF THE FORM 990 AND ALL SUPPORTING SCHEDULES THE DIRECTOR OF ACCOUNTING OPERATIONS CONDUCTS THIS REVIEW, FOCUSING ON CHANGES IN FORMAT OF THE 990 AND ITEMS OR ISSUES OF PARTICULAR NOTE OR INTEREST TO EXECUTIVE MANAGEMENT STARTING WITH TAX YEAR 2008, THE FORM 990 IS REVIEWED IN PERSON WITH THE AAAS AUDIT COMMITTEE, A COMMITTEE CHARTERED BY THE AAAS BOARD OF DIRECTORS THIS COMMITTEE RECEIVES A FULL COPY OF THE 990, INCLUDING ALL SUPPORTING SCHEDULES THE REVIEW IS CONDUCTED BY AAAS STAFF, WITH THE OUTSIDE TAX ADVISORS PRESENT TO ANSWER QUESTIONS AND PROVIDE ADDITIONAL DETAIL. THE COMMITTEE REVIEW FOCUSES ON CHANGES FROM THE PRIOR YEAR, NEW DISCLOSURES, AND OTHER ITEMS OF INTEREST COPIES OF THE 990, INCLUDING ALL SUPPORTING SCHEDULES, ARE PROVIDED TO THE AAAS BOARD OF DIRECTORS THE CHAIR OF THE AAAS AUDIT COMMITTEE INCLUDES A REPORT ON THE 990 IN HIS COMMITTEE REPORT TO THE BOARD |

| ldentifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | Review of Financial Statements and Audit | AAAS REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY EACH MEMBER OF THE AAAS BOARD OF DIRECTORS IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST, THIS DISCLOSURE INCLUDES A REQUIREMENT FOR CONTINUING DISCLOSURE FOR ANY CONFLICTS THAT MAY ARISE DURING THE YEAR FOR EMPLOYEES (ALL AAAS EMPLOYEES, NOT JUST KEY EMPLOYEES), THE AAAS EMPLOYEE HANDBOOK INCLUDES A CODE OF CONDUCT THAT REQUIRES, AMONG OTHER THINGS, THAT EMPLOYEES "DISCLOSE CONFLICTS OF INTEREST TO SUPERIOR(S) OR COLLEAGUES AS RELEVANT TO THE SITUATION, TO ENSURE THAT NEGATIVE CONSEQUENCES THAT MAY BE CAUSED BY CONFLICTS OF INTEREST ARE MINIMIZED OR ELIMINATED, AS MANAGEMENT DETERMINES IS APPROPRIATE TO THE CIRCUMSTANCES THIS IS AN ONGOING REQUIREMENT SHOULD A CONFLICT ARISE THAT HAS NOT BEEN DISCLOSED, THE MATTER WOULD BE DEALT WITH AS APPROPRIATE TO THE SITUATION NO SUCH SITUATION AROSE DURING 2010 |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | | THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION FOR THE ASSOCIATION'S CHIEF EXECUTIVE OFFICER INCLUDES A MARKET REVIEW AND ANALYSIS BY AN EXECUTIVE COMPENSATION CONSULTANT WHO PROVIDES COMPARABILITY DATA AND A FULL SALARY ANALYSIS FOR REVIEW BY THE ASSOCIATION'S BOARD-APPOINTED COMPENSATION COMMITTEE THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE TO PRESENT HIS ANALYSIS AND ANSWERS ANY QUESTIONS THEY MIGHT HAVE ABOUT THE INFORMATION PROVIDED THE EXECUTIVE COMPENSATION CONSULTANT ALSO PROVIDES A SALARY/MARKET ANALYSIS FOR OTHER KEY EXECUTIVES IN THE ORGANIZATION AND PROVIDES HIS ANALYSIS TO THE ASSOCIATION'S CEO AND THE ASSOCIATION'S BOARD-APPOINTED COMPENSATION COMMITTEE POSITIONS REVIEWED INCLUDE THE ASSOCIATION'S CFO AND PUBLISHER |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---------------------|---|
| FORM 990, PART VI, LINE 19 | | AAAS DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC |

| ldentifier | Return Reference | Explanation |
|------------------------------|---------------------|--|
| FORM 990, PART XI, LINE 5 | | NET UNREALIZED GAINS ON INVESTMENTS \$6,137,831 RELEASED RESTRICTIONS TEMP -\$3,375,050 RELEASED RESTRICTIONS (OTHER RESTRICTED) -\$370,251 AWARDS \$5,793,569 LOSS ON BOND TRANSACTION -\$431,116 DEFERRED TAX LIABILITY ADJUSTMENT \$1,492,612 TOTAL \$9,247,595 |

Software ID: Software Version:

EIN: 53-0196568

Name: AMERICAN ASSOCIATION FOR THE

ADVANCEMENT OF SCIENCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) A verage hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|--|--------------------------|-------------------------------------|-----------------------|---|---|------------------------------|--------|---------------------------------------|---|--|
| | per week | Individual trustee or director | Institutional Trustee | | | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| PETER C AGRE CHAIR | 4 0 | Х | | х | | | | 0 | 0 | 0 |
| ALICE S HUANG PRESIDENT | 4 0 | Х | | х | | | | 0 | 0 | 0 |
| NINA V FEDOROFF PRESIDENT-ELECT | 4 0 | х | | х | | | | 0 | 0 | 0 |
| DAVID EVANS SHAW TREASURER | 4 0 | Х | | х | | | | 0 | 0 | 0 |
| ALAN I LESHNER CEO/SECRETARY | 40 0 | Х | | х | | | | 727,077 | 0 | 32,894 |
| LINDA KATEHI DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| NANCY KNOWLTON DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| STEPHEN MAYO DIRECTOR (FROM 2/2010) | 4 0 | Х | | | | | | 0 | 0 | 0 |
| CHERRY MURRAY DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| JULIA M PHILLIPS DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| SUE V ROSSER DIRECTOR (FROM 2/2010) | 4 0 | Х | | | | | | 0 | 0 | 0 |
| DAVID D SABATINI DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| THOMAS WOOLSEY DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 |
| JAMES MCCARTHY CHAIR (THRU 2/2010) | 0 0 | Х | | | | | | 0 | 0 | 0 |
| ALICE GAST DIRECTOR (THRU 2/2010) | 0 0 | Х | | | | | | 0 | 0 | 0 |
| THOMAS D POLLARD DIRECTOR (THRU 2/2010) | 0 0 | Х | | | | | | 0 | 0 | 0 |
| BETH ROSNER PUBLISHER | 40 0 | | | | х | | | 594,620 | 0 | 30,134 |
| PHILLIP BLAIR CHIEF FINANCIAL OFFICER | 40 0 | | | | х | | | 327,552 | 0 | 37,298 |
| SHIRLEY MALCOM DIRECTOR, EHR | 40 0 | | | | х | | | 258,345 | 0 | 37,764 |
| COLLEEN STRUSS DIR OF FINANCE & CLO | 40 0 | | | | х | | | 240,814 | 0 | 24,352 |
| BRUCE ALBERTS EDITOR-IN-CHIEF | 20 0 | | | | Х | | | 217,723 | 0 | 26,127 |
| WILLIAM MORAN DIR, WORLDWIDE ADV SALES | 40 0 | | | | х | | | 235,404 | 0 | 37,582 |
| MONICA BRADFORD EXECUTIVE EDITOR | 40 0 | | | | Х | | | 206,417 | 0 | 35,158 |
| ALBERT TEICH DIR, SCIENCE AND POLICY | 40 0 | | | | Х | | | 177,004 | 0 | 33,885 |
| IAN KING DIR, MARKETING | 40 0 | | | | х | | | 219,794 | 0 | 29,082 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours | Average Position (check all | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|---|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| TOM RYAN DIR, SITE LICENSE SALES | 40 0 | | | | х | | | 323,877 | 0 | 20,060 |
| JO ELLEN ROSEMAN DIR, PROJECT 2601 | 40 0 | | | | | х | | 197,726 | 0 | 23,749 |
| ALISON FRENCH CHIEF HR OFFICER | 40 0 | | | | | х | | 202,033 | 0 | 33,778 |
| COLIN NORMAN NEWS EDITOR | 40 0 | | | | | х | | 190,054 | 0 | 30,820 |
| VAUGHAN TUREKIAN CHIEF INTERNATIONAL OFFICER | 40 0 | | | | | х | | 183,655 | 0 | 32,903 |
| VIRGINIA PINHOLSTER DIR, PUBLIC PROGRAMS | 40 0 | | | | | х | | 206,878 | 0 | 30,727 |

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

DLN: 93493298003271

2010

Open to Public Inspection

Schedule R (Form 990) 2010

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE 53-0196568 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) Name, address, and EIN of disregarded entity (c) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization

Cat No 50135Y

| | cation of Relat | | | ble as a Partner treated as a partne | | | answ | ered "\ | es" on Form 99 | 0, Part | IV, lu | Page 2 ne 34 |
|---|---------------------------------|---|-------------------------------------|--|------------------------------|---------------------------------------|------------------|------------------|---|---------------|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | Olspro alloca | prtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging tner? | (k) Percentage ow nership |
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | + | |
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| | | | | ble as a Corpora zations treated as a | | | | | nswered "Yes" o | n Form | 990, | Part IV, |
| Name, address, and | (a) I EIN of related organiz | ation | (b) Primary activity | (c) Legal domicile | (d) Direct contr | (e) Olling Type of entity | y Sh | (f nare of to | | (g) are of | | (h) Percentage |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|--------------------------------|---|-------------------------------------|---|------------------------------|--|---------------------------------------|
| (1) AAAS SCIENCE INTERNATIONAL INC 82-86 HILLS RD CAMBRIDGE, UNITED KINGDOM UK 52-1833877 | EDITORIAL, NEWS | DE | NA | C CORP | 0 | 0 | 100 000 % |
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|---------------|---|---------------------------------|-------------------------|--------------------------------|----|------|-----|
| Par | V Transactions With Related Organizations (Complete if the organization answered " | Yes" on Form 990, Pa | rt IV, line 34, 35, 35 | 5A, or 36.) | | | |
| ı | ote. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Ye | es | No |
| 1 Dui | ing the tax year, did the orgranization engage in any of the following transactions with one or more related oi | rganızatıons lısted ın Par | ts II-IV? | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | | | No |
| b | Gift, grant, or capital contribution to other organization(s) | | | 1b | | | No |
| c | ift, grant, or capital contribution from other organization(s) | | | 1c | | | No |
| d | oans or loan guarantees to or for other organization(s) | | | 1d | | | No |
| e | oans or loan guarantees by other organization(s) | | | 1 e | : | | No |
| _ | | | | 45 | - | | |
| | ale of assets to other organization(s) | | | 1f | | | No |
| _ | Purchase of assets from other organization(s) | | | 1 <u>g</u> | _ | | No |
| | xchange of assets | | | 1h | 4 | | No |
| i L | ease of facilities, equipment, or other assets to other organization(s) | | | <u> 1i</u> | + | + | No |
| j l | ease of facilities, equipment, or other assets from other organization(s) | | | <u>1j</u> | | | No |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | | | 1k | | | No |
| I F | erformance of services or membership or fundraising solicitations by other organization(s) | | | 11 | | | No |
| m s | haring of facilities, equipment, mailing lists, or other assets | | | 1m | n | | No |
| n | haring of paid employees | | | 1n | 1 | | No |
| | | | | | | | |
| 0 | Reimbursement paid to other organization for expenses | | | 10 | | | No |
| р | Reimbursement paid by other organization for expenses | | | 1р | | | No |
| | | | | | | | |
| | ther transfer of cash or property to other organization(s) | | | 1q | | | |
| r (| ther transfer of cash or property from other organization(s) | | | 1r | | | No |
| 2] | f the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | e, including covered rela | tionships and transacti | on thresholds | | | |
| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determinvolve | | amou | ınt |
| 1) AAA | S SCIENCE INTERNATIONAL INC | Q | 3,124,469 | | | | |
| 2) | | | | | | | |
| | | | | | | | |

| (1) AAAS SCIENCE INTERNATIONAL INC Q 3,124,469 (2) (3) (4) (4) (5) (6) | |
|--|-----------------------------|
| (4) | |
| (4) | |
| (4) | |
| | |
| (5) | |
| | |
| | |
| (6) | |
| | Schedule P / Form 990\ 2010 |

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

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

| (a) Name, address, and EIN of entity | (state or foreign country) | | (d Are parti sect 501(d organiz | ners ion :)(3) :ations? | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | (h) General d managin partner | |
|---|----------------------------|--|--|----------------------------------|---|--|----|---|--------------|--|--|
| | | | Yes | No | | Yes | No | | Yes | N | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier I Return Reference I | er Return Reference Explanation |
|---------------------------------|---------------------------------|
|---------------------------------|---------------------------------|

Schedule R (Form 990) 2010