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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public

Department of the Treasury

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 Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning January 1 December 31 2011, and ending 20 11 C Name of organization Achievement Institute of Scientific Studies D Employer identification number Check if applicable 33-0734877 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1621 Bullard Lane 714-544-0346 Initial return City or town, state or country, and ZIP + 4 Terminated Santa Ana, CA 92705 G Gross receipts \$ Amended return F Name and address of principal officer Paul J. Riordan, President H(a) Is this a group return for affiliates? Yes No Application pending 1621 Bullard Lane, Santa Ana CA 92705 H(b) Are all affiliates included? Yes No] 501(c) (If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ aissfoundation.com H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities: After school Science and Math Education for poor/bright High School Students. Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 86,875 54,600 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 587 440 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 87.464 55,040 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14,210 14,255 Benefits paid to or for members (Part IX, column (A), line 4) 14 O 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Professional fundraising fees (Part IX, column (A), IIPE (E) 16a 6,380 12,250 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11441 d, 11f-24e) 56,775 59,652 Total expenses Add lines 13-17 (must equal Fart IX/Icolumn (A)21/hep25 18 63.155 86,157 19 Revenue less expenses Subtract line 18 from line 12 24,309 -31,117 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 153,875 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 184,993 153,875 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, ai icer) is based on all information of which preparer has any knowledge Sign Here or print name and title Print/Type preparer's name Preparer's signature Paid Check **Preparer** self-employed Firm's name **Use Only** Firm's EIN ▶ Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🛚 Yes 🔲 No

Page 2	
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Part		
<u> </u>	Check if Schedule O contains a response to any question in this Part III	· · ⊔
1	Briefly describe the organization's mission: Providing after school science and math education and college prep for poor/bright High School students.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		✓ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the air	mount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code) (Farance & CO 005 coludina mark of &) (Farance &	
4a	(Code.) (Expenses \$ 62,205 including grants of \$) (Revenue \$)
	Student Educational expenses: This includes direct stipends/payments to students, purchase of computer software/training for students, classroom instruc	
	curriculum development, outreach, classroom materials, transportation expenses for students, meeting room expenses,	
	insurance for students student portfolios, books face for entrance to state parks	
4b	· · · · · · · · · · · · · · · · · · ·)
	Fund Raising:	
	This includes grant writing and supervision of grant applications in process, payments for successful grant applications, etc.).
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$	

Part l	V `Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		
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		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		V
J	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 for which 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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	# 4	`	Ŷ
а	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		✓
	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		1
С	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		1
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or many 0.000 from grantmaking.			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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 lighted State 2.8 (#Wes," as well at 1.5 Parts # word #V.	14b		✓
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	15		√
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		✓
20 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	✓_
		Forn	1990	(2011)

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
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		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√ √
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	-	✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
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		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
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		· ✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>	<u>. L</u>
10	Enter the number concreted in Day 2 of Fours 1000 Fator 0 if not emplicable	Tesses	Yes	No
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100	1	100
C	reportable gaming (gambling) winnings to prize winners?	1c	<u>.</u>	Z
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	67 1	1 %
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	7,34	<i>11.</i> 1	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			.374
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-Baile	/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 05		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		97.7	© al
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		İ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	* ~ ;	- A.S.	* /
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Ízží.		نثا
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		,
a		7c	82 3	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	#	8	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		V
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- ·	^ .5.	- L. S
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	101	ωĝ∜.	
	organization, have excess business holdings at any time during the year?	8	**********	
9	Sponsoring organizations maintaining donor advised funds.	8/3		.:No
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	160	\$ 3	260
а	Initiation fees and capital contributions included on Part VIII, line 12		3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	332
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
11	Section 501(c)(12) organizations. Enter:	3773		1
a	Gross income from members or shareholders		96 296	1 × 27
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	2000 2000		1 100
120	· · · · · · · · · · · · · · · · · · ·	1977 18, 1848		- dan
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a	55 X4	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		9, 00 30 1, 3714	
а	Is the organization licensed to issue qualified health plans in more than one state?	12-		Politica (
4	Note. See the instructions for additional information the organization must report on Schedule O.	13a	A 11 11	200
b	Enter the amount of reserves the organization is required to maintain by the states in which			12 Mg/
	the organization is licensed to issue qualified health plans			1/4
С	Enter the amount of reserves on hand		65 7 Mills 42 7 Mills	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1907 JULY	.1
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	_	-

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management	1	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 7		res	9.23
Ia	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	\	
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		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<u>√</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		· .	[
a b 9	The governing body? Each committee with authority to act on behalf of the governing body? 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	8a 8b 9	✓	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b)`,X' * 	▼
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	
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		<u>✓</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	:)(3)s	only)
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. ▶ Paul J. Riordan, 1621 Bullard Lane, Santa Ana CA 92705, Tel. 714-544-0346	of the		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, 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 organization nor any related organization compensated any current officer, director, or trustee.

	1			((C)					·
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
Traine and Train	hours per					ıs both or/trust		compensation	compensation from	amount of
	week (describe			_	_	,		from the	related organizations	other compensation
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	related	ecto	Î	<u> </u>	픮	st co	1 9	(W-2/1099-MISC)		organization
	organizations in Schedule	٦	a t		oye) mp				and related organizations
	O)	stee	atsu.		1 0	ens				g
			&			ated				
					_					
(1) Paul J. Riordan							1	}		
President				1						
(2) Zeke Hernandez										
Vice President and Secretary				1						
(3) Tom Brittin										
Member							<u>.</u>			
(4) Don Gilchrist]								_	
Member										
(5) Larry Myers										
Member										
(6) Sue Neuen		ŀ								
Member					_					
(7) Elizabeth Riordan										
Member					<u> </u>					
(8)	_						1			
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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (continu	red)
•	(A) Name and title	(B) Average hours per	Pos (do not check box, unless pe			(C) osition ok more than or person is both or director/truste			(D) Reportable compensation	(E) Reportable compensation fr		(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation from the organization and related organizations
(15)												
(16)												
(17)								\				
(18)												
(19)								-				
(20)		ļ -										
(21)					-							
(22)		-]									
(23)		-										
(24)		-									-	
(25)												
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	on A	•		•	L	>	0		0	0
2	Total number of individuals (including but reportable compensation from the organic			· nose	e list	ted	above	e) w	ho received m	ore than \$1	00,000) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c	or tr	ruste ind	ee,	key e		oloyee, or high			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal an \$	ble 150,	con ,000	npe)? /	nsatio	s, "	complete Sch			e # <i>###################################</i>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dıvıdua	5 1
Section	on B. Independent Contractors								<u>·</u>		 -	
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
											İ	
2	Total number of independent contractor							th	nose listed ab	ove) who		2008 Marian Company

Part	ΥШ	Statement of Reve	nue					
	(* \$5 %)	The second secon	",dipidik" jem	Marie Carlos Carries	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns		1a 0			76.27.77	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. L	1b 0		Track College	14/1/2	
s, (Am	С	Fundraising events		1c 0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Gifts, ilar Ar	d	Related organizations	[1d 0	: / 33/2/////	333334		
s, (mil	е	Government grants (cont		1e 0			8 July 1 State 1 90	
ion Si	f	All other contributions, gif			" " am but of the ser,	The state of the s]	
out		and similar amounts not incl		1f 54,600				
重현	g	Noncash contributions include	<u> </u>				The state of the s	
Contributions, and Other Sim	h	Total. Add lines 1a-1f		· ·	54,600	247.300/4697.50		
	 -	Total: Add lines 1a-11	· · · ·	Business Code	34,000	7 75 38 38 38 78 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$9 .2 /9 * * \$.2 \$ 4 /9 /9 \$ \$\$4 / * ! \$6 * * * * * * * * * * *
Program Service Revenue				Dusilless Code	~ 2, / 1 10 11 / 1 10 U			
eve	2a							
еВ	b							
Şi	С							
Sel	d							
am	е							
ogr	f	All other program serv	ice revenue					
P	g	Total. Add lines 2a-2f	•	. ▶		(2) 1 (D)	Mark	ξ ⁽¹), β , ',',', (1) (4)
	3	Investment income (ıvıdends, interest,				
		and other similar amou	unts)		440			
	4	Income from investment	of tax-exemi	ot bond proceeds ►	0			
	5	Royalties		.	0			
		ĺ	(ı) Real	(II) Personal	11840033750) '	. 1 . J. 19.	23,50, 38,7974
	6a	Gross rents .				L-4iS7		
	b	Less: rental expenses						
	c	Rental income or (loss)	****	-				
	d	Net rental income or (I		1	*::		· ········· · · · · · · · · · · · · ·	in the state of th
	7a	Gross amount from sales of	(i) Secunties	s (II) Other	0	98.8	a 100848 Aug.	^ v ~ v.u.e e
	'a	assets other than inventory	(i) Securities	s (ii) Other				
		- L						
	ь	Less: cost or other basis						
		and sales expenses .			18.45, 3 5.48 A	A company of the second of the		
	C	Gain or (loss)			Cimal E		man samundan manan a yan a ta	
	d	Net gain or (loss)		. <u></u>	0			
άυ							af anima Car	
2	8a	Gross income from ful	ndraising		\$30,700,500 \$40,700,000	7.544.00		
, Ke		events (not including \$						
Re		of contributions reporte	d on line 1c).	.				
ē		See Part IV, line 18 .		a				
Other Reven	b	Less: direct expenses		b				
•	С	Net income or (loss) fr		ing events . >	0		danaman et e en Sui Schoolitiche.	
	9a	Gross income from gai			32/22/22/20/20/20	91 - 12 30 - 50 2 No	7 20.000 (1995)	1988 S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	b	Less: direct expenses		b		7:56		
	C	Net income or (loss) fr			0		and the second s	2. Addinochiomichionichi
		Gross sales of inv				Compete a Constitution		7 (1995) 197. i
	.00	returns and allowance						
	I _			a				
	b	Less cost of goods so		b			2.26.4.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
	С	Net income or (loss) fr			0			
-	4.	Miscellaneous Re	venue	Business Code				
	11a			·				
	b							
	С							
	ď							
	е	Total. Add lines 11a-1			0	74.3 <u>4.79.00</u> 0		1880 in 1980 in
	12	Total revenue. See in:	structions		55,040			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	ise to any question	in this Part IX	<u></u> .	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	14,255	14,255		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	0	.,,,,,		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		0		
7 8	persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include	0	0	0	0
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11 a	Management	30,040	30,040	0	0
b b	Legal	3,425	0	3,425	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	12,250		£8" .~	12,250
_		0	0		12,230
f	Investment management fees		ļ	 -	
g	Other	738	0	738	0
12 13	Advertising and promotion	6,477	0	6,477	0
14	Information technology				
15	Royalties		<u>.</u>		
16	Occupancy			_	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,395	2,395	0	0
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				Carlo San San San San San San San San San San
	line 24e amount exceeds 10% of line 25, column				144 A ST 15 / 17 3
	(A) amount, list line 24e expenses on Schedule O.)				
a	Curriculum and Teaching	7,740	7,740		0
b	Student Materials	4,340			ļ
C	Transportation	2,698			<u>-</u>
d	Grant Application Audit Letter	1,800	0	0	1,800
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	86,157	62,205	9,902	14,050
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing Savings and temporary cash investments 184.993 153,875 Pledges and grants receivable, net Accounts receivable, net . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . Notes and loans receivable, net Inventories for sale or use Q Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation b 10b 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . . . Investments—program-related See Part IV. line 11 Other assets. See Part IV, line 11 ol Total assets. Add lines 1 through 15 (must equal line 34) 184,993 153,875 Accounts payable and accrued expenses Grants payable Deferred revenue Escrow or custodial account liability. Complete Part IV of Schedule D . Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X **Total liabilities.** Add lines 17 through 25 O Organizations that follow SFAS 117, check here ▶ ☐ and complete **Balances** lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets Fund Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ Capital stock or trust principal, or current funds **Net Assets** Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . ol Total net assets or fund balances 184,993 153,875 Total liabilities and net assets/fund balances 184,993 153,875

orm 99	90 (2011)	Page	, 12						
Part	t XI Reconciliation of Net Assets								
<u>.</u>	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)	55 (040						
2	Total expenses (must equal Part IX, column (A), line 25)	86,							
3	Revenue less expenses. Subtract line 2 from line 1	-31,							
4									
5									
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
	column (B))	153,8	875						
Part	XII Financial Statements and Reporting	-							
	Check if Schedule O contains a response to any question in this Part XII								
1 2a b c	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	Yes 1 2 2 2 2 2 2 2 2 2	No ✓ ✓						
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:								
3а	the Single Audit Act and OMB Circular A-133?	3a .	√						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b							

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

Achi	evement Institute f	or Scientific Stud	ies						33-073	4877						
Pai	t I Reason	for Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructior	าร.						
The o	organization is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box)								
1	A church, cor	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).							
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)											
3	A hospital or	a cooperative ho	spital service organiza	ation desc	cribed in	section 1	170(b)(1)((A)(iii).								
4				ction with	n a hospit	al descri	bed in se	ction 170	O(b)(1)(A)(ii	ii). Enter ti	he					
5				ge or uni	versity o	wned or	operated	by a go	vernmenta	l unit des	cribed in					
6 7	An organizati	on that normally	receives a substantia	al part of					nit or from	the gener	ral public					
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II)			1)(A)(i). iii). on 170(b)(1)(A)(iii). Enter the or a governmental unit described in iv)(v). Intal unit or from the general public tions, membership fees, and gross and (2) no more than 33½% of its section 511 tax) from businesses iv) 09(a)(4). functions of, or to carry out the iv or section 509(a)(2). See section lines 11e through 11h. al							
9	A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state hospital's name, city, and state An organization operated for section 170(b)(1)(A)(iv). (Commodity of the commodity	on that normally activities related gross investme	in that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gactivities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% gross investment income and unrelated business taxable income (less section 511 tax) from business organization after June 30, 1975. See section 509(a)(2). (Complete Part III)													
10 11		and operated exclusively for the benefit of, to perform the functions of, or to carroublicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se														
				_							Othor					
е	By checking to other than for	this box, I certify undation manage	that the organization	is not co	ntrolled o	lirectly or	rındırectl		or more d	squalified	d persons					
f				on from t	the IRS t				ll, or Type 	III suppo	orting					
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the															
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and															
				-				•								
							• •				escribed in leral public and gross 1/3% of its businesses ary out the ee section 1—Other ed persons on 509(a)(1) porting					
h	Provide the fo	ollowing informat	on about the support	ed organi	zation(s)					[11g(iii)]						
(1)	Name of supported	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See see 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a														
				Yes	No	Yes	No	Yes	No							
A)																
B)								-			_					
C)																
D)																
E)						· <u> </u>										
-		N STABBOOK	1946 Aug 1941 (1941 1955)	100 mm 10/2	ILI Edited in "Si	11 (mm 9: ">	C/MM100 1 1 2	VPASSIONES A								
otal	<u> </u>															
							Freedomment	1. comment may all	(90000000000000000000000000000000000000							

Page 2

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	I Support Schedule for Organiza						
	(Complete only if you checked the				-		alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	T		,			
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	133,248	173,300	99,050	86,875	54,600	547,073
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the		_				_
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	133,248	173,300	99,050	86,875	54,600	547,073
5	The portion of total contributions by		k tali				
	each person (other than a						
	governmental unit or publicly	NA ART					
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							120,938
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support	A " \$5 , "\$, "aginam-				, 8, y 338, E 1, y 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	426,135
	dar year (or fiscal year beginning in)	(a) 2007	(h) 2000	(a) 2000	(4) 0010	(-) 2011	(6) Total
7	Amounts from line 4	133,248	(b) 2008 173,300	(c) 2009 99,050	(d) 2010 86,875	(e) 2011	(f) Total
8	Gross income from interest, dividends,	133,246	173,300	99,050	00,073	54,600	547,073
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	621	2,394	1,048	507	440	5 000
9	Net income from unrelated business	021	2,394	1,046	587	440	5,090
3	activities, whether or not the business						
				o	0	_	
	is regularly carried on	۸ ا	0				Λ.
10	of the regularly carried on	0	0	- 0	0	- 0	0
10	Other income. Do not include gain or	0	0		-	0	0
10	Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0		0
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0 0 27 5 5 7 cm - 14	0	0	0	0
11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0 ************************************	0	0 552,163
11 12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0 (see instruction	0 2003 2008)	0	0 ************************************	0	0 552,163 0
11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0 (see instructione organization	ons) 's first, secon	0 d, third, fourth	0	12 ear as a section	0 552,163 0 n 501(c)(3)
11 12 13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	0 (see instructione organization	ons)	0 d, third, fourth	0	0	0 552,163 0 n 501(c)(3)
11 12 13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here.	0 (see instructione organizationere	ons)	0	0	0 12 ear as a sectio	0 552,163 0 n 501(c)(3)
11 12 13 Secti	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2011 (line).	(see instructione organizationere rt Percentag	ons) n's first, secon e	o · · · · · · d, third, fourth · · · · ·	0 , or fifth tax yo	12 ear as a sectio	0 552,163 0 n 501(c)(3) . ► □
11 12 13 Secti	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Sci.)	(see instructione organizationere	ons) o's first, secon e vided by line 1 II, line 14	o · · · · · · d, third, fourth · · · ·	0 , or fifth tax you	12 ear as a sectio	0 552,163 0 n 501(c)(3) . ► □ 77.18 % %
11 12 13 <u>Secti</u> 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. Computation of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Sci. 331/3% support test—2011. If the organical series of the sale of the	(see instructione organizationere organizationere of the column (f) dishedule A, Partization did not	ons)	d, third, fourth 1, column (f)) on line 13, and	0 , or fifth tax you	12 ear as a sectio	0 552,163 0 n 501(c)(3) . ▶ □ 77.18 % % neck this
11 12 13 Secti 14 15 16a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Sci. 331/3% support test—2011. If the organic box and stop here. The organization quarters.	(see instruction or or or or or or or or or or or or or	ons) 's first, secon e vided by line 1 II, line 14 check the box icly supported	0,	o o fifth tax you	12 ear as a section	0 552,163 0 n 501(c)(3) 77.18 % % neck this
11 12 13 Secti 14 15 16a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Sci. 331/3% support test—2011. If the organization qual 331/3% support test—2010. If the organization qual	(see instruction or organization or organization organiza	ons) ons) e vided by line 1 II, line 14 check the box icly supported the check a box	d, third, fourth 1, column (f)) on line 13, and organization on line 13 or	o fifth tax you	12 ear as a section	77.18 % neck this or more,
11 12 13 <u>Secti</u> 14 15 16a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Sci. 331/3% support test—2011. If the organization qual 331/3% support test—2010. If the organicheck this box and stop here. The organicheck this box and stop here. The organization qual	(see instructione organizationere rt Percentage 6, column (f) dishedule A, Partization did not califies as a publicization did not cization qualifie	ons)	d, third, fourth 1, column (f)) on line 13, and organization on line 13 or supported organization	o o o o o o o o o o o o o o o o o o o	12 ear as a sectio 14 15 15 331/3% 15 is 331/3%	77.18 % 77.18 % neck this or more, D
11 12 13 Secti 14 15 16a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. The organization of Public Support Public support percentage from 2010 Sci. 331/3% support test—2011. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010. If the organization qual 331/3% support test—2010.	(see instructione organizationere) rt Percentage 6, column (f) dishedule A, Partization did not allifies as a publicity and a publicity an	ons)	d, third, fourth 1, column (f)) on line 13, and organization on line 13 or supported orgot check a box	o o fifth tax you have an line 13, 16	12 ear as a sectio 14 15 15 331/3% 15 is 331/3% a, or 16b, and	0 552,163 0 n 501(c)(3) . ▶ □ 77.18 % % neck this . ▶ ✓ or more, . ▶ □
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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu	lle A (Form 990 or 990-EZ) 2011						Page 3
Part							
	 (Complete only if you checked the If the organization fails to qualify 						der Part II.
Secti	on A. Public Support	under the te	sis listed bei	ow, please co	omplete Fart		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>		(1)	(=, ====		1
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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					-	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	· · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	tone a site profession of the					
Cooti	on B. Total Support		1917		#.634ab ³⁷ #	2	
	idar year (or fiscal year beginning in)	(a) 2007	(h) 2008	(a) 2000	(4) 0010	(-) 0011	(6) Total
9	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a		<u> </u>					
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	e organization	l n's first, secon	d, third, fourth	l. or fifth tax ve	ear as a section	n 501(c)(3)
Secti	organization, check this box and stop her on C. Computation of Public Suppor	re					
15	Public support percentage for 2011 (line 8			13 column (f)	· · ·	15	0/
16	Public support percentage from 2010 Sch	, column (i) di iedule A. Part	III. line 15	io, coluinii (i))		16	<u>%</u>
	on D. Computation of Investment Inc	come Perce	ntage	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	1 10	
17	Investment income percentage for 2011 (I	ine 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2010	Schedule A, I	Part III, line 17			18	<u>%</u>
19a	331/3% support tests-2011. If the organi	zation did not	check the box	x on line 14, ar	nd line 15 is m	ore than 331/3	%, and line

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization . b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································
	······································

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Open to Public Inspection

Name of the organization						Ē	Employer identification number
Achievement Institute of Scientific Studies	tudies						33-0734877
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the air	ain records to sub	stantiate the amou	nt of the grants or	assistance, the g	grantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ızatıon's procedu	res for monitoring	the use of grant fu	nds in the United	States.		
Part ll Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00	ssistance to Go line 21, for any	vernments and recipient that rec	Organizations i	in the United Si \$5,000. Check	tates. Complete in this box if no one	nd Organizations in the United States. Complete if the organization answered "Yes" received more than \$5,000. Check this box if no one recipient received more than \$5,000.	inswered "Yes" more than \$5,000.
Part II can be duplicated if additional space is needed	ated if additional	space is needec					△
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
ω)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and gov	vernment organizat	ions listed in the li	ne 1 table			A A
			•				

Schedule I (Form 990) (2011)

Cat No 50055P

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22: Part III can be duplicated if additional space is needed. Part III

ook, (f) Description of non-cash assistance								r additional information.	program rather than seek after-school							
(e) Method of valuation (book, FMV, appraisal, other)	0 Cash							line 2, and any othe	tudents to remain in the			1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
(d) Amount of non-cash assistance								on required in Part I	llows the poor/bright s			/ P				
(c) Amount of cash grant	14,255							ovide the informatic	r month. This stipend a					*	1	
(b) Number of recipients	19							te this part to pr	ion of studies every	ir families.		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			, , , , , , , , , , , , , , , , , , ,	,
(a) Type of grant or assistance	1 Student Cash Grant/Stipend	2	3	4	5	9	7	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Students are given cash grants/stipends at the completion of studies every month. This stipend allows the poor/bright students to remain in the program rather than seek after-school	employment and leaving the program to work to aid their families.						

Schedule I (Form 990) (2011)