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EXTENSION GRANTED TO 08/15/12

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)

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



-				POSSESSES AND ADDRESSES AND AD
<u> </u>	or une	2011 calendar year, or tax year beginning and ending		-40
B	heck if pplicebl Addre chang	AMERICAN INDIAN SCIENCE AND ENGINEERING	D Employer identific	eurion number
\vdash	Karne Ching		73-1	023474
⊨	_iching _initial _iching	Number and street (or P.O. bex if mail is not delivered to street address) Room/sul		
	Termir misc	2305 RENARD PLACE SE 200	505-	765-1052
<u> </u>	Ameni	Only of town, state of country, and zir + +	@ Gross receipts \$	
_	Applic 1600 pendir	ALBUQUERQUE, NM 87106	H(a) is this a group re	rtum Yes X No
	•	F Name and address of principal officer: PAMALA M. SILAS SAME AS C ABOVE	for affiliates? H(b) Are all affiliates inc	
_				
<u></u>	ax-ex			list. (see instructions)
		www.aises.org	H(c) Group examptio	
KF	orm of		ar of formation: 17//N	I State of legal domicile: NM
ď.		Summary	TO POLICAMITONIA	T
8	1	Briefly describe the organization's mission or most significant activities: TO PROMOT	E EDUCATIONA	CCTPNCE AND
Activities & Governance		OPPORTUNITIES FOR NATIVE AMERICAN YOUTH IN TH		
Ē		Check this box If the organization discontinued its operations or disposed of m		esets.
Š		Number of voting members of the governing body (Part VI, line 1a)		9
4		Number of independent voting members of the governing body (Part VI, line 1b)		
1		Total number of individuals employed in calendar year 2011 (Part V, line 2s)		18
3		Total number of volunteers (estimate if necessary)		0
Ĭ	7=	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 9907 lines	7b	0.
	1	Mercison To a		Current Year
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	1,474,109.	
Revenue	9	Program service revenue (Part VIII, line 2g)	1,193,417.	
Ĭ	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,553.	95,095.
	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 4730005667, Utah	<5,243.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,718,836.	2,653,539.
		Grants and similar gracunts, paid (Part IX, column (A), lines 1-3)	253,900.	236,049.
			0.	0.
	15	Benefits peloto of for in mibers stant X, column (A), line 4) Selectes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	701,587.	770,411.
ş		Professional fundralging fees (Part IX, column (A), line 11e)	45,900.	0.
8	<u> </u>	Total fundrafida (Control of 1984) Total fundrafida (D), line 25)		
ú	17	Other expenses (Part IX, column (A), lines 11s-11d, 11f-24e)	1,450,638.	1,558,579.
	18	Total expenses, Applica T3-12/must equal Part IX, column (A), line 25)	2,452,025.	
	19	Revertibe Coconstate but traditing it of from time 12	266,811.	
討			Beginning of Current Year	End of Year
襲	20	Total assets (Part X, line 16)	2,271,142.	
	21	Total liabilities (Part X, line 26)	332,655.	
到	22	Net assets or fund belances. Subtract line 21 from line 20	1,938,487.	
	~ (S)	Signature Block		
		ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	v Impwindge and belief. It is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		
		1 Temal, M. S. La.	100 110 110 110 110 110 110 110 110 110	
Sign		Significant of officer	Date	1.
Her		PAMALA M. SILAS, CHIEF EXECUTIVE OFFICER	78	1112
ne	•	Type or print name and title		1110-
_		Print/Type preparer's name Preparer's signature	Date, , Check	PTIN
Pald		JAMES M. HAYNES	7/6/12	P00075331
	Daret	Firm's name PULAKOS CPAS, PC	Firm's EIN	85-0219147
•	Only	Him's address 5921 JEFFERSON SZREET NE	LIBIT P ENG	
ued	-my	ALBUQUERQUE, NM 87109	Phone no. (505)338-1500
				X Yes No
		RS discuse this return with the preparer shown above? (see instructions)		
1320	01 01.2	3-12 LHA For Peperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)

132001 01-23-12 LHA For Peperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	I) 860 YEV	3-1023474 Pa	ge 2
12	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission;		
-	THE AISES MISSION IS TO INCREASE SUBSTANTIALLY THE REPRES	ENTATION OF	
	AMERICAN INDIAN AND ALASKAN NATIVES IN ENGINEERING, SCIEN		R
	RELATED TECHNOLOGY DISCIPLINES.		-
	RELATED TECHNOLOGI DISCITLINACY		
_	The state of the s		
2		Yes [X]	1
	the prior Form 990 or 990-EZ?) NO
	If "Yes," describe these new services on Schedule O.		١
3	Did the organization ceese conducting, or make significant changes in how it conducts, any program services?	",.,,., LYes L&_	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 me	esured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra-	nts and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.		
49	Code:) (Expenses \$ 1,037,080 . Including grants of \$ 0 .) (Pevenue \$	1,331,82	7.)
	CONFERENCE - THE ANNUAL NATIONAL CONFERENCE IS AISES' MAJ	OR EVENT	
	HOSTED EVERY YEAR FOR ITS CONSTITUENTS, AND THE CAREER FA		
	COMPANIES A UNIQUE FORUM FOR RECRUITING AMERICAN INDIAN S		
	PROFESSIONALS. 1,644 INDIVIDUALS ATTENDED THE 2011 CONFER		
	MORE THAN HALF OF THOSE BEING AMERICAN INDIAN HIGH SCHOOL	AND COLLEGE	
		WAD CONTROL	
	STUDENTS.		
			
4b	D (Code:) (Dispenses \$566, 753 . Including grants of \$0 .) (Parential \$		0.)
	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATION	AL PROGRAMS,	
	AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO		
	INDIANS AND ALASKA NATIVES FROM MIDDLE SCHOOL THROUGH GRA		_
	AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENA		
	TO WORK EFFECTIVELY WITH NATIVE STUDENTS.		
	TO WORK INTERCLIVED WITH NATIVE DISSERTED		
	· · · · · · · · · · · · · · · · · · ·	,,	
			
40			<u>0.</u>)
	SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRA		
	GRADUATE STUDENTS WHO ARE MEMBERS OF AISES FOR LEADERSHIP	AND ACADEMIC	C
	ACHIEVEMENT. AISES ADMINISTERS FIVE TYPE OF SCHOLARSHIPS	•	
		······································	
4d			
	Expenses 5 133, 298 · including grants of 8) (Personne 6 23	3,593.)	
40	Total program service expenses 1,973,180.		
		Form 990 (2	2011)

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SOCIETY

Checklist of Regulred Schedules Yes No 1 la the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 is the craenization required to complete Schedule B, Schedule of Contributors 3 Did the crosnization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes." complete Schedule C, Part I Section 501(a)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 aimilar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or secounts? If "Yes," complete Schedule D, Pert I Did the organization receive or hold a conservation essement, including essements to preserve open space, X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Pert III Did the organization report an amount in Pert X, line 21; serve as a custodian for amounts not listed in Pert X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yee," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 118 b Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII a Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total sessis recorted in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 X Part X. line 167 If "Yes," complete Schedule D, Part IX X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete ... X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent sudited financial statements for the tax year? If "Yes," and if the organization enswered "No" to line 12e, then completing Schedule D, Parts XI, XII, and XIII is optional........ X is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14e 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 then \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Pert IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A). lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundratising event gross income and contributions on Part VIII, lines X 1c and 8e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? # "Yes," X complete Schedule G, Part III 20e Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return?

OCIETY

	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other seeistance to any government or organization in the			l
	United States on Part DI, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		'	
	column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization enswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١
	Schedule J	23		X
24a	Did the organization have a tex-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	lest day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i		
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an secrow account other than a refunding secrow at any time during the year to defease	1		ĺ
	eny tex-exempt bonds?	24c		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		—
25e	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	disqualified person during the year? If "Yes," complete Schedule L. Part I	25e		X
Ь	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	l		l
	Schedule L, Pert I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ļ		l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	l		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yee," complete Schedule L, Part III	27		X
26	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable fliing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yea," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
0	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yee," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		}	
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l	ŀ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exampt or taxable entity?	1		1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		l	
	section 512(b)(13)? If "Yes," complete Schedule R, Pert V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]		1 -
	and that is treated as a pertnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		-
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>

Form **990** (2011)

X

b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

AMERICAN INDIAN SCIENCE AND ENGINEERING 73-1023474 Form 990 (2011) SOCIETY Page 6 Ray 32 Governmence, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 'No' response to line Se. Sb. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to environestion in this Part VI... Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the text year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad outhority to an executive committee or similar committee, excisin in Schedule O. b Enter the number of voting members included in line 1s, 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7Ъ persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b 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 malling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Flevenue Code.) Yes No 10e Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12s Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whiatieblower policy? 13 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 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 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? Section C. Disclosure 17 List the states with which a copy of this Form 980 is required to be filed >NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply. Own website Another's website W Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Horar 990 (2011)

MARIE THAMES - 505-765-1052

450,000

2305 RENARD PLACE SE, # 200, ALBUQUERQUE, NM

WUDVICHM	TUDTW	OCIDICE	MIL	CHCTHGREATHG	
SOCIETY					73-1023474

Form 990 (2011) SOCIETY 73-11
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1e 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 O- 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.

	hours per week	(C) Position (do not check more than or box, unless person is both officer and a director/numb				-	one h an hou)	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual tempto or chitch	heft/fend twete		اللها ومتهامهم	Hopest companies	Permer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DR. HARK BELLCOURT	3.00	Ļ			l			0.	0.	0.	
CENTER (2) DR. JAMES WAY	3.00	₽	╁╾	H		┢╌	┝	· · · · · ·		<u> </u>	
(2) DE, JARDS RAI KORGER	3.00	x			l	l	l	l o.	0.	0.	
(3) DR. MELINDA MCCLANANAN	3.00	-			┢╾	┢	┝				
KEICHER	3.00	x	ļ			l	1	0.	0.	0.	
(4) DEAM SEMECA					Г	Г					
KENDER	3.00	x						0.	0.	0.	
(5) STEVEN YAZZIE							Γ				
	3.00	X					$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	0.	0.	0.	
(6) JEMMA RALL		l				l			_	_	
er, student rep, (non-voti	3.00	X	_			<u> </u>	<u> </u>	0.	0.	0.	
(7) DAMIEL LOCKLEAR	3.00	١.,				ŀ		0.	0.		
OR, STUDENT REP. (NON-VOTI	3.00	Į <u>⊼</u>	├	-	 	├	 	U .	U.	0.	
(8) DR. OTABUYE COMPOY SECRETARY	3.00	۱,	l	X	ı	l		٥.	0.	0.	
(9) CHRIS ECECHANK	3.00	1	┢	-	_		┢	,			
TREASURER	3.00	$ \mathbf{x} $		x	l		ĺ	0.	0.	0.	
(10) ANTHONY KANN		T		Т							
CHAIR	3.00	x		X		l		0.	0.	0.	
(11) DR. MARY JO CHURECHEM											
VICE CHAIR	3.00	X	L	X			L	0.	0.	0.	
(12) ROZELLA KEMMEUY		l							_		
BUSINESS DEVELOPMENT DIREC	40.00	lacksquare	L	X		<u> </u>		64,527.	0.	8,697.	
(13) PAMALA X. SILAS	40.00	l						0.4.400	_	0.000	
CHIEF EXECUTIVE OFFICER	40.00	⊢	⊢	X	\vdash	⊢	-	94,400.	0.	9,923.	
(14) HARIE THAMES FINANCE DIRECTOR	40.00		1	x				65,000.	0.	0 711	
FIRANCE DIRECTOR (15) CARA TEURDER	20.00	\vdash	├	₽	┝	┢╌	 	05,000.	<u></u>	8,711.	
PROGRAM DIRECTOR	40.00	1		x		ł		63,429.	0.	8,561.	
(16) SRERYL WILKESON	1	\vdash		 	\vdash					0,001.	
CORPORATE RELATIONS & EVENTS OFFICER	40.00			x	ĺ			41,541.	0.	6,565.	

Form 990 (2011)

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Form 990 (2011) SOCIETY									73-10	<u>)23</u>	474 Page 8
Bection A. Officers, Directors, To (A) Name and this	(E) Average hours per	(cic	not o	Poel Poel Heater ten per	ition) than is bot	one th en	(D) Reportable compensation	(E) Reportable compensatio	n	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	100	Institutional Funds	Officer	# E	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	8	other compensation from the organization and related organizations
		<u> </u>	<u> </u>		_		_				
)	<u> </u>	Ļ	L		L		L			,	
		L			L						
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	1		Γ					<u> </u>			
	†	T				T					
		╁	_			\vdash	-				
	1	╁	 	-	┝	-	H				
16 Sub-total			<u> </u>	<u> </u>		┡		328,897.		0.	42,457.
o Total from continuation sheets to Pert	VII, Section A		• • • • • • •			>		0.		0.	0.
d Total (add lines 1b and 1c)	not limited to ti	hose	list	ed al	bov	e) w	ho n	328,897. eceived more than \$100		0 <u>.</u> le	42,457.
compensation from the organization	 	-				_		······································			Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3 X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	of reportat	xie c	omp	ensi	itior	n and	d ot	her compensation from	the organization		4 X
5 Did any person listed on line 1s receive or	r accrue compe	naei	lon i	from	any	y un ı	إجلب	ted organization or indiv	idual for services		4 45
rendered to the organization? If "Yes," co Section B. Independent Contractors								····		<u> </u>	5 X
Complete this table for your five highest of the organization. Report compensation for	•	-							=	ipens	ation from
(A) Name and busines			ONI					(B) Description of s			(C) Compensation
					-						
							┪				
							\dashv	······································	·		, <u></u>
							\dashv				
							4				
6 Take prochag of lasks and and and and	Sachustan burk	Tr			AL -					وبدئته	The state of the state of the state of
2 Total number of independent contractors \$100,000 of compensation from the organ	-	10 TQ	TING	g 10	uno:	50 M)	JAPA	and who received in	ore man		
									· · ·		Form 990 (2011)

Form 990 (2011) SOCIETY Statement of Functional Expenses SOCIETY

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 (8), (C), and (D).	4	in Donat IV		-17***
Check if Schedule O contains a respon Do not include amounts reported on lines tilt,	se to any question in the (A) Total expenses	(E) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1 Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21			4 2 2 2	
2 Grants and other assistance to individuals in	006 040	226 242		
the United States. See Part IV, Ine 22	236,049.	236,049.	The state of the s	
3 Grants and other assistance to governments,				
organizations, and individuals outside the			. N. a. J. 1838.	
United States. See Part IV, lines 15 and 16				بنست أناه أسترين
4 Benefits paid to or for members			+ 1	<u> </u>
5 Compensation of current officers, directors,	371,354.	239,446.	105,396.	26,512
trustees, and key employees	3/1/354.	239,440.	103,330.	20,312
6 Compensation not included above, to disqualified	,			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	276,896.	179,334.	77,515.	20,047.
7 Other salaries and wages	410,030.	117,334.	7113130	20,021
8 Pension plan accruats and contributions environ	9,356.	5,825.	2,936.	595
section 401(h) and section 400(h) employer contributions 9 Other employee benefits	61,894.		19,933.	3.806
10 Payroll taxes	50,911.	31,696.	15,977.	595 3,806 3,238
11 Fees for services (non-employees):	3373223	02,000		
Management				
b Legal	624.	404.	179.	41.
e Accounting	25,190.	16,323.	7,222.	1,645.
d Lobbying				
Professional fundraising services, See Part IV, line 17			*:	
1 Investment management fees	6,775.	4,390.	1,942.	443.
g Other	277,834.		79,652.	18,148
12 Advertising and promotion				
13 Office expenses				
14 Information technology	3,782.	947.	900.	1,935
15 Royalies				
16 Occupancy	97,574.		35,475.	<u>5,198.</u>
17 Travel	115,345.	105,258.	10,061.	26
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials			 	
19 Conferences, conventions, and meetings	475,346.	475,346.		
20 Interest				
21 Payments to affiliates	F7 31A		F7 010	
22 Depreciation, depiction, and amortization	57,310.		57,310.	
23 Insurance			77.0 sg.	at white the same of the
24 Other expenses, itemize expenses not covered above, (List miscellaneous expenses in line 24e, if line				
24e amount exceeds 10% of line 25, column (A)				Testeration at a
amount, list line 24e expenses on Schedule 0.)	186,733.	106 722	42	un nun'n un in i
AWARDS & GIFTS	90,508.	186,733. 88,422.	642.	7 444
MISCELLANEOUS	77,051.	29,780.	35,393.	$\frac{1,444}{11,878}$
ADDITION AND SACIETY	40,275.	33,505.	35,393. 125.	6,645
- I and the state of the state	104,232.	64,632.	23,055.	16,545
e All other expenses	2,565,039.	1,973,180.	473,713.	118,146
25 Total functional expenses. Add fires 1 through 24e	2,303,033.	1,3/3/100.	7/3,/13.	- 170\140
28 Joint costs. Complete this I no only if the organization				
reported in column (8) joint costs from a combined		_		
educational campaign and fundraising socicitation.		•		
Check here W If for pw ng SOP 96-2 (ASC 956-720)		·		Form 990 (201:)

*32010 01-23-12

	2011) SOCIETY Balance Sheet					1023474 Page 1
			व्यक्त के विकास के को स्थापन करते हैं। स्थापन के कि	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			47,057.		122,371
2	Savings and temporary cash investments			407,259.	2	494,779
3	Pledges and grants receivable, net			447,511.	3	429,149
4	Accounts receivable, net			105,862.	4	38,311
5	Receivables from ourrent and former officers, di					
	employees, and highest compensated employe of Schedule L	es. Con	plete Part II		5	
	Receivables from other disqualified persons (as				9000	AMERY AROUN
•	4958(f)(1)), persons described in section 4958(g					
	employers and sponsoring organizations of sec	••••				
1	employees' beneficiary organizations (see instru		• • • • •		6	The Market of the Control of the Control
1 _					7	
7				4,910.		12,949
•	Inventorice for eale or use			16,761		17,276
9	Prepaid expenses and deferred charges	·····i		10,701		11,210
10a	Land, buildings, and equipment: cost or other	I., I	404 630		74	
	basis. Complete Part VI of Schedule D		404,630.		3	traine Arte and
	Less: accumulated depreciation	10b	299,278.			
11	Investments - publicly traded securities			937,935.		907,439
12	Investments - other securities. See Part IV, line			164,371.	12	198,00
13	Investments - program-related. See Part IV, line				13	
14	Intengible assets				14	
15	Other assests. See Part IV, line 11		.,		15	
16	Total seests. Add lines 1 through 15 (must equ			2,271,142		2,325,62
17	Accounts payable and accrued expenses			40,010.	17	123,164
18	Grants psyable				18	
19	Deferred revenue			292,645.	19	258,770
20	Tax-exempt bond liabilities				20	
21	Escrow or custodist account liability. Complete				21	
22	Payables to current and former officers, director					1777 384 534 1873
-	highest compensated employees, and disqualif					
1			-		22	A Transmission of the State of
	of Schedule I		. 4		23	
23	Unsecured notes and loans payable to unrelate				24	
					+~	
25	Other liabilities (including federal income tax, pa	-				ł
i	parties, and other liabilities not included on lines	17-24	Complete Part X of		l	
1	Schedule D	**** *******		222 655	25	203 044
26	Total liabilities. Add fines 17 through 25		TIP 3	332,655.	28	381,940
1	Organizations that follow SFAS 117, check h	ere >	X and complete			
1	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets	********		366,874.		418,92
26	Temporarily restricted net assets		(1,4-	508,166		464,926
29	Pormanently restricted net assets			1,063,447.	29	1,059,833
	Organizations that do not follow SFAS 117, o	heck h	re 🕨 🗔 and			###2856a73
ļ	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds	p. 4044n-	(.0,24 as distinguished	The state of the s	30	1.7 17 17 17 17 17
31	Paid-in or capital surplus, or land, building, or ec				31	1
32	Retained earnings, endowment, accumulated in				32]
	Total net sesets or fund balances			1,938,487		1,943,687
33						

Form 990 (2011)

Form 990 (2011) SOCIETY		13-10234/4	<u> Page 12</u>
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any	question in this Part XI	· <u>, , , , , , , , , , , , , , , , , , ,</u>	[X]
1 Total revenue (must equal Part VIII, column (A), line 12)		1 2,65	3,539.
	a construction of the cons		5,039.
3 Revenue less expenses. Subtract line 2 from line 1		รื่อ ไ	B,500.
4 Net assets or fund belances at beginning of year (must	—	4 1,93	8,487.
5 Other changes in net assets or fund balances (explain in		5 <8:	3,300.
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	6 1,943	3,687.
Part XII Financial Statements and Reporting			
	question in this Part XII		X
			Yes No
1 Accounting method used to prepare the Form 990:	Cash [X] Accrual Cther	E31	September 1
-	om a prior year or checked "Other," expirin in Schedule C	<u>. [3]</u>	
2a Were the organization's financial statements compiled of	or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by	/ an independent accountant?		x i
-	ommittee that assumes responsibility for oversight of the		
review, or compilation of its financial statements and se			x
If the organization changed either its oversight process	or selection process during the tax year, explain in Schel	dule O.	
d If "Yes" to line 2s or 2b, check a box below to indicate w	whather the financial statements for the year were issued	on a	
separate basis, consolidated basis, or both:	•	£,,4	
Separate basis	Both consolidated and separate basis	# 1 T	
3a As a result of a federal award, was the organization requ	•	ale Audit	· ["
Act and OMB Circular A-133?		3.	X
b if "Yes," did the organization undergo the required audi			
or sucte, explain why in Schedule O and describe any s		35	
		Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Training Interns. Revenue Service **Public Charity Status and Public Support**

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

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

2011

Open to Rublic Inspection

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Employer identification number 73–1023474

229	Reason	for Public Cha	rity Status (Ali organia	zationa mu	st comple	le this par	t.) See me	ructions.				=
he orga	nízation la not a	private foundation	because it is: (For lines	1 through 1	11, check	only one t	xox.)					
1 🖂	A church, co	evention of church	es, or association of chur	rches desc	ribed in se	ction 170	列(1)(4) ().				
2 🗀	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	zhedule E.)								
3 🗀	A hospital or	a cooperative hosp	oltal service organization	described	in section	170(b)(1)	(A)(M).					
4 🖂	A medical re	search organization	operated in conjunction	with a hoe	pital desc	ribed in se	etion 170	(b)(1)(A)(f	ll). Enter th	e hospital's	name,	
	city, and stat		•		-				•	-		
s 🗀	An organizat	on operated for the	benefit of a college or u	niversity or	wned or or	perated by	a govern	mental un	t describe	d in		
		(b)(1)(A)(M). (Comp					, _ •					
e 🖂			nent or governmental uni	rt classes to	d in sectio	a 1706W	11/4164					
7 🕱		· •	caives a substantial part					w from the	nenemi n	ublic descri	hert in	
		b)(1)(A)(vi). (Comp		or are supp		Account	911001 WINE 4		Amone		JUJ 111	
a 🖂	1		section 170(b)(1)(A)(vi).	(Complete	Oart III							
			ceives: (1) more than 33		•		Martines -			d 04000	data fua	_
• —			• • • • • • • • • • • • • • • • • • • •		• •		-			_	•	
		· · · · · · · · · · · · · · · · · · ·	unctions - subject to cert			•			• •	•		
			texable income (less sec	וול חסעו	חסי עוסטון (אנ		acquirec d	y the orgi		iter june ju	, 1875.	
	1	509(s)(2). (Comple	•									
			operated exclusively to te					•		_		
11	•	_	operated exclusively for ti						-	-		
	•	• • •	zatione described in secti		-	• • •	2). See se	ttion 509	a)(3). Che	ck the box t	hat	
		,	g organization and compl							_		
_	a Type			с 📖 Тур		-	_		لساه	Type III - Of		
ــاه	By checking	this box, I certify th	nat the organization is not	t controlled	directly o	r indirecti	A pA oue o	r more dis	qualified p	ersons othe	r than	
		-	than one or more public	•	-				9(a)(1) or s	ection 509(i	ı)(2).	
f	-		titen determination from		-		• • •					
	supporting o	rganization, check	this box						. ((* 1 1 1 1 1 1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l	
9	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or o	ontribution	from any	of the foll	owing per	sons?	_		
	(f) A perso	n who directly or in	directly controls, either e	lone or tog	ether with	persons (described	in (li) and	i-i) below,		Yes N	4o
	the gov	erning body of the	supported organization?					,, ,,.,, p,	,,	1100		
	(iii) A family	member of a person	on described in (i) above?))		.,	119(1)		
			a person described in (i)				** ******					
h			n about the supported or									
-•					V-7-							
	od supported polization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section		sted i n your	organiza	u notify the tion in col. r support?	(vi) i organizati (i) organi U.S	on in col.) and in the !	(vii) Amo supp		
			(see instructions))	Yes	No	Yes	No	Yes	No			
9 - 7 - 1 4 4 4				1	<u> </u>							
					<u> </u>	<u> </u>						
]								
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		• • • • • • • •	1				1	 	 -			_
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LHA For Paperwork Reduction Act Natios, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

73-1023474 Page 2

chedule A (Form 990 or 990-EZ) 2011 SOCIETY 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2011 **(b)** 2008 (c) 2009 **(4)** 2010 (f) Total Calandar year (or fizzal year beginning in) (a) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 1519278. 1654716. 1411421. 1474109. 1055141. 7114665. include any "unusual grants.") 2 Tex revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furn shed by a governmental unit to the organization without charge 1654716. 1411421 1474109. 1055141. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a covernmental unit or oublicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 731,398. nmuloa 6383267. 6 Public support, subtract the 5 tom/n Section B. Total Support (f) <u>fotal</u> Catendar year (or liscal year beginning in) 519278 474109 .0551417114665. 7 Amounts from line 4 8 Gross income from interest, dividenda, payments received on securities loans, rents, royalties 45,627. 25,438. 16,402. 17,730. 557,366. 662,563. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carned on ... 10 Other income. Do not include gain or loss from the sale of capital sete (Explain in Part IV.) 65,768. 3,894. 26,235 663. 5.381. 101.941. 7879169. 11 Total support. Add lines 7 through 10 5,148,881. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(cl(3) **▶**[organization, chack this box and stop here Section C. Computation of Public Support Percentage 81.01 15 Public support percentage from 2010 Schedule A, Part II, line 14 85.05 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 18a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ______ 17s 10% -facts-and-circumstances test - 2011. If the organization clid not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part iV how the organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on fine 13, 16a, 16b, or 17a, and Line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2011

more, and if the organization mosts the "facts-end-circumstances" test, check this box and stop here. Explain in Part V how the

18 Private foundation. If the organization did not check a box on line 13, 18s, 18b, 17a, or 17b, check this box and see instructions

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

	edule A (Form 990 or 990-E2) 2011 Support Schedule for (Organizations	Described in	Bection 509(a)(2)		P8083
3.4	(Complete only if you checked	_				art II. If the organiz	ation fails to
	qualify under the tests listed t			Setterior impo	o quality at Kick Fr	at ii. ii ulo organia	
Sec	ction A. Public Support	WAY Decise Coll	proto r <u>eat nu</u>				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	17,2307	<u> </u>	17 2000			14.14.2
•	memberahip fees received. (Do not						,
	Include any "unusual grants.")	 					
9	Gross receipts from admissions.						
_	merchandlae sold or services per-						1
	formed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
•	are not an unrelated trade or bus-	i	l i			Į	
	iness under section 513					ĺ	
4	Tax revenues levied for the organ-		-				
•	ization's benefit and either paid to						
	or expended on its behalf			•			
S.	The value of services or facilities						
•	furnished by a governmental unit to	1	<u> </u>				
	the organization without charge			1		ł	
A	Total. Add fines 1 through 5						
	Amounta included on lines 1, 2, and	-			****		
•••	3 received from disqualified persons	1]	ľ	
ь	Amounts included on lines 2 and 3 received		-				
_	from other then disquelified persons that						
	exceed the greater of \$5,000 or 1% of the emount on line 13 for the year					ļ	
_	Add lines 7s and 7b						
	Public support Generals 2: femile ()		KELL				
	ction B. Total Support		* + * * * * * * * * * * * * * * * * * *	<u>, quayes dan anni s</u> anaranananan	<u> </u>	<u> e constituit de la co</u>	<u> </u>
		4-A 2007	M4 2008	(%) 2000	64 2010	(6) 2011	M Total
Cale	nder year (or fiscal year beginning in) 🕨	(e) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale	nder year (or fiscal year beginning in) > Amounts from line 6	(m) 2007	(b) 2006	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale	nder year (or fiscal year beginning in) Amounts from line 6 Gross Income from interest, dividends, payments received on	(m) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Cale	nder year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividence, payments received on securities loans, rents, royalties	(m) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	nder year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	nder year (or fiscal year beginning in) Amounts from line 6 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	Index year (or fiscal year beginning in) Amounts from line 6 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Gale 9 10a	Index year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses sequired after June 30, 1975	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	Index year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses acquired after June 30, 1975	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	Index year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	Index year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses sequired after June 30, 1975 Add lines 10a and 10b Not income from unrelated business activities not included in line 10b, whether or not the business is	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Calc 9 10s	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Calc 9 10s	Amounts from line 6 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses sequired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly cerried on Other income. Do not include gain or loss from the sale of capital	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Cale 9 10s	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses sequired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(e) 2007	(b) 2008	(e) 2009	(d) 2010	(e) 2011	(f) Total
Calc 9 10s	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxas) from businesses sequired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)						
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Schedule A	(Form	990	or 990-E2	2011	SOCIE:	<u>ry</u>		_				<u>73–10234</u>	74 Page 4
	8uq	pplei	mental	Inform	ation. C	omplete	this part t	o provide the	explana	tions require	d by Part II, Iin	e 10; Part II, line 17	a or 17b;
	and	Part !	li, line 12.	Also co	mplete this	part for	r eny addit	ion <u>al informe</u>	tion. (Sec	instruction:	ı)		
			-										_
SCHEDU	LE	A,	PART	II,	LINE	10,	EXPL	ANATION	FOR	OTHER	INCOME:		
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SCHEDULE D

Supplemental Financial Statements

► Complete if the organization enswered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11s, 11b, 11c, 11d, 11s, 11f, 12s, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB N	b. 1540	-0047	
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Department of the Treesury Internal Revenue Service

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING

Employer identification number 73–1023474

87,53	0.23.333	Organizations Maintaining Donor Advise	d Erada as Ath	an Ölmillen Ermid		/3-10234/4
2. 18 m		organization enswered "Yes" to Form 990, Part IV, lin		er Similær Fund	3 OF ACC	DUITIES. Complete if the
		organization answered Tes to Form 990, Part 14, Ist	(a) Donor ad	deed funds	A) F	unds and other accounts
1	Total	number at end of year		1000 101100		
2		egate contributions to (during year)				······
3		egate grants from (during year)				
4		egate value at end of year				
5		ne organization inform all donors and donor advisors in	uniting that the secon	a hald in dange action	land fireds	-
9		ne organization's property, subject to the organization's				Yes No
6		ne organization inform all grantees, donors, and donor a				
·		naritable purposes and not for the benefit of the donor	-	_	•	
		missible private benefit?	· · · · · · · · · · · · · · · · · · ·			
\$17#		Conservation Easements. Complete if the on				
1		cee(a) of conservation essements held by the organizat				
•	Ϊ'n	Preservation of land for public use (e.g., recreation or	· ·	Preservation of an hi	intorically in	nortent lead area
	一	Protection of natural habitat	. —	Preservation of a car	-	-
	一	Preservation of open space			KRICO IIICIO	
2	-	plete lines 2s through 2d if the organization held a qual	fied conservation co	tribution in the form	n of a conse	rustice assement on the last
_	_	f the tax year.			101 6 001 100	
	ш, ч	and the year				Held at the End of the Tax Year
	Total	number of conservation essements				
		acreege restricted by conservation sessments				
-	Numi	per of conservation essements on a certified historic at	ructure included in <i>t</i> e	······································	24	
		per of conservation essements included in (c) acquired				
_		in the National Register		•		. i
3		per of conservation essements modified, transferred, re				·
-		>		, 0. 10.11.11.10.00 0, 0		
4	-	per of states where property subject to conservation es	nement is located			
5		the organization have a written policy regarding the pe			•	
		ions, and enforcement of the conservation experients i				Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing cons	rvation easements	during the y	eer >
7		int of expenses incurred in monitoring, inspecting, and				
8		each conservation essement reported on line 2(d) abor-				
	and s	ection 170(h)(4)(B)(I)?		4		Yes
9	In Pa	rt XIV, describe how the organization reports conservat	ion easements in its	evenue and expens	e statemen	t, and balance sheet, and
	includ	ie, if applicable, the text of the footnote to the organiza	tion's financial stater	nents that describes	the organi	zation's accounting for
	сопа	ervation essements.				
		Organizations Maintaining Collections o	f Art, Historical	Treesures, or (Other Sin	nilar Assets.
		Complete if the organization enswered "Yes" to Form		= =		
18		organization elected, as permitted under SFAS 116 (At				
		ical tressures, or other similar assets held for public exi		research in further	ance of pub	iio service, provide, in Part XIV,
		xt of the footnote to its financial statements that descr	-			
Ь		organization elected, as permitted under SFAS 116 (AS				
		ires, or other similar assets held for public exhibition, e	ducation, or research	in furtherance of pr	ublic servi ce	, provide the following amounts
		ig to these items:				•
	(A) R	evenues included in Form 990, Part VIII, line 1		*********************	>	\$ <u></u>
	(A) V	seete included in Form 990, Part X		***************************************	▶	\$
2		organization received or held works of art, historical tre			al gain, prov	ricie
		flowing amounts required to be reported under SFAS 1				
•	Rever	wes included in Form 990, Part VIII, line 1				\$
Ь	Asset	s included in Form 990, Part X				\$
						

132051 01-23-12

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

Schedule D (Form 990) 2011

	le D (Form 990) 2011 SOCIETY				73-	-102347
1. BY ALE SALES	Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures, or		
	aing the organization's acquisition, access of					
	heck all that apply):	-	•	_	_	
• [Pubila exhibition	d	Loan or exc	hange program	B	
ь [Scholarly research	•	Other			_
- [Preservation for future generations					
4 P	rovide a description of the organization's co	dections and explain	how they further t	he organization'	's exempt purpose ir	Part XV.
	uring the year, did the organization solicit o	-	=	_		
to	be sold to raise funds rather than to be ma	intained as pert of t	ne organization's co	lection?		Yes Yes
Total	Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Ye	es" to Form 990, Par	t IV, ine 9, or
To le	the organization an egent, trustee, custodi	an or other intermed	lary for contribution	s or other asse	ts not natural	
œ	Form 990, Part X7					Yes
	"Yes," explain the arrangement in Part XIV				•	
		•	_			Amoun
o B	eginning belance				1c	
	dditions during the year				1d	
	stributions during the year					
	nding balance				آ مما	
2a D	id the organization include an amount on Fo	orm 990, Pert X, line	217	(>+40>40+40+}		. 🔲 Yes
<u> </u>	"Yes," exp ain the arrangement in Part XIV.					
	Endowment Funds. Complete I	the organization and	swered 'Yes' to Fo	m 990, Part IV.	fne 10.	
		(a) Current year	(b) Prior year	(c) Two years t	eck (d) Three years	back (e) Fou
1a B	eginning of year balance, , ,	1,248,397.	777,033.	661,	231. 661,	231.
b C	ontributions		400,000.			
	et investment eemings, gains, and losses	<26,854.	71,364.	115,	802.	S. 11 gg
d G	rants or scholarships					
	ther expenditures for facilities				:	
2 I	nd programs	2,670.	_			
	dministrativa expenses					
	nd of year balance	1,218,873,	1,248,397.	777,	033. 661,	231.
	rovide the estimated percentage of the curr	ent year end belence	dine 1g, column (e	i) heid es:	<u> </u>	
. B	oard designated or quasi-endowment		.96	_		
b P	ermanant endowment > 86.95	%	_			
	emporarily restricted endowment >1.	3.05 %				
₽ 1 (he percentages in lines 2s, 2b, and 2c shou	id equal 100%.				
		salos of the omaniza	tion that are held a	nd administered	of for the organization	n
TI	re there endowment funds not in the posse					
TI						
TI 3a A	y:				***************************************	300
71 3a Au by (8	y: unrelated organizations	**************************************	. 4. 4		***************************************	3a(i)
11 3a Av 57 (9	y: unrelated organizations	**************************************			***************************************	3e(i)
3a A b; (3 b) if 4 D	y: unrelated organizations	listed as required or	n Schedule R? wment funds.		***************************************	3e(f)
3a A b; (3 b) if 4 D	y: unrelated organizations	listed as required or	n Schedule R? wment funds.		***************************************	3e(f)
3a A by (9 6 6 If 4 D	y: unrelated organizations	ilisted as required or organization's endo lent. See Form 990 (a) Cost or of	n Schedule R? wment funds. , Part X. I ne 10. ther (b) Cost	or other	(c) Accumulated	3e(1)
Sa A	y: unrelated organizations irelated organizations 'Yes' to 3a(i), are the related organizations accribe in Part XIV the Intended uses of the Land, Buildings, and Equipm Description of property	ilisted as required or organization's endo lent. See Form 990 (a) Cost or of basis (investor	n Schedule R? wment funds. , Part X. I ne 10. ther (b) Cost		***************************************	3e(1)
3a A by 67 67 67 67 67 67 67 67 67 67 67 67 67	y: unrelated organizations irelated organizations 'Yes' to 3a(i), are the related organizations escribe in Part XIV the intended uses of the Land, Buildings, and Equipmo	ilisted as required or organization's endo ient. See Form 990 (a) Cost or of basis (investor	n Schedule R? wment funds. , Part X. I ne 10. ther (b) Cost	or other	(c) Accumulated	3e(1)
Ti Li b B	unrelated organizations invested organizations 'Yes' to 3a(i), are the related organizations escribe in Part XIV the intended uses of the Land, Buildings, and Equipmore Description of property and uiklings	ilisted as required or organization's endo sent. See Form 990 (a) Cost or of basis (investre	n Schedule R? wment funds. , Part X. Lne 10. ther (b) Cost sent) basis	or other (other)	(c) Accumulated depreciation	3a (d) Boo
Ti Lu b Bi c Lu	unrelated organizations	ilisted as required or organization's endo iont. See Form 990 (a) Cost or of basis (investry	n Schedule R? wment funds. , Part X. Ine 10. ther (b) Cost ent) besis	or other (other)	(c) Accumulated depreciation	(d) Boo
Ti Lu b Bi c Lu	unrelated organizations invested organizations 'Yes' to 3a(i), are the related organizations escribe in Part XIV the intended uses of the Land, Buildings, and Equipmore Description of property and uiklings	ilisted as required or organization's endo iont. See Form 990 (a) Cost or of basis (investry	n Schedule R? wment funds. Pert X. Ine 10. ther (b) Cost besis	or other (other)	(c) Accumulated depreciation	36 (d) 800

(a) Description of security or category	See Form 990, Part X, line 12 (b) Book value		(c) Method of yalu	ation:
(including name of security)	(b) Book value	(Cost or end-of-year ma	ricel value
) Financial derivatives , , , , , ,	•			
Closely-hald equity interests				
Other (A) INVESTMENT IN AISES				
(B) PUBLISHING	198,001.	END-OF-	YEAR MARKET	VALUE
(C)	250,0020	200	20001 122012	
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(P)				
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		21	(c) Method of valu	ation:
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Scha	dule 0 (Form 990) 2011	SOCIETY			7	73-1023474	Page 4
	Reconciliation	of Change in Net Assets f	rom Form 990 to	Audited Finan			
1		art Vill, column (A), line 12)				,	
2	•	Part IX, column (A), line 25)			2		
3		ar. Subtract line 2 from fine 1		• • •	3		
4		a) on investments			4	*****	
-	•	of facilities			—→	_	
		***** * **** *************************	·		8		
7							
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10		er per audited financial statement			10		
	Reconcillation	of Revenue per Audited F	Inancial Statemer	ite With Rever		itum	
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•		but not on Form 990. Part VIII. lin					
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		of facilities					
6				2d			
•						20	
•						3	
3	Subtract line 2s from line 1						
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•	or rod sesting transporting	cluded on Form 990, Part VIII, find	9/0	 40			
)				4-	
•	Add tines 49 and 46 ,				· · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 a	nd 4e. <i>(This must equal Form 990</i> of Expenses per Audited I	J. Part I. Ima 12.)	nte With Ever		<u> </u>	
8.25		· · · · · · · · · · · · · · · · · · ·	 .	•	· · · · · · · · · · · · · · · · · · ·		
1		per audited financial statements				1 –	
2		but not on Form 990, Part IX, line		1 _ 1			
•		of facilities					
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3				** ************************************		3	
4		990, Part IX, line 25, but not on li					
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ь				46			
C	Add fines 4e and 4b		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>4c</u>	
5		and 4c. (This must equal Form 95	90, Part I, line 18J	· CO addated Date	***********	5	
	Supplemental li				 		
	•	descriptions required for Part II, II					i; Part
		nes 2d and 4b; and Part XIII, lines					
PAI	CT V, LINE 4: 1	the intended use (OF THE ENDOR	MENT FUND	8 18 T) BE	
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TM	LOTED IN PERPE	TUITY WITH THE I	WAFSIMENT FW	Kuingo DE	ING UNI	RESTRICTED	
ET IN	IDS TO AISES.						
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	TO BY MANU & O	TOUR IN HARITET LI	MAN T HABINET	INCOME IN	T CHUM	· OPCITON	
501	(C)(3) OF THE	INTERNAL REVENUE	CODE AND IS	NOT CLAS	SIFIED	AS A PRIVA	TE
	(3)(3) 31 111			1,01 0111		110 11 111211	
FOU	INDATION. AISES	HAS ADOPTED ACCO	OUNTING PRIN	CIPLES GE	NERALLY	ACCEPTED	IN
THE	UNITED STATES	OF AMERICA AS T	HEY RELATE T	O UNCERTA	IN TAX	POSITIONS.	
1990=						Schedule D (Form 99	0) 2011
13205- 01-23-	12						

Schedule D (Form 990) 2011 SOCIETY 73-1023474 Page	<u> 20 5</u>
Supplemental Information (continued)	<u> </u>
MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF AISES ARE WITHIN THEIR	
TAX-EXEMPT PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS.	
TAX-EARMET PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX PUBLITIONS.	
CURRENTLY, 2009, 2010 AND 2011 TAX YEARS ARE OPEN AND SUBJECT TO	
EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND	
REVENUE DEPARTMENT. HOWEVER, AISES IS NOT CURRENTLY UNDER AUDIT, NOR HAS	<u>; </u>
AISES BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE	_
EVALUATION OF THE AISE'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS	<u>; </u>
TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, AISES HAS NOT	
RECORDED ANY PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS FOR THE	<u> </u>
YEAR ENDED DECEMBER 31, 2011.	—
·	
<u> </u>	—
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Schedule I (Form 990) (2011) <u>\$</u> Employer Identification number 73-1023474 CARS No. 1545-0047 (N) Purpose of grant O seriorence ¥ X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization enewend "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 \$5,000. Part il can be duplicated if additional space is needed or government or government or government is applicable cash grant non-cash passistance of population (b) Mathod of table to the cash grant non-cash assistance of population (b) Mathod of table to the cash grant non-cash assistance of contract that the cash grant assistance of contract that the cash grant that received more than \$5,000. Part il can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or essistance, the grantees' eligibility for the grants or sesistance, and the selection Complete if the organization answered "Yes" to Form 600, Part IV, line 21 or 22. Covernments, and Individuals in the United States Grants and Other Assistance to Organizations, Ossocibe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. AMERICAN INDIAN SCIENCE AND ENGINEERING Enter total number of section 501(c)(3) and government organizations listed in the line 1 labie LHA For Peperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table criterie used to award the grants or sesistence? General Information on Grants and Assistance 1 (a) Name and address of organization SOCIETY Name of the organization Department of the Treasury Internal Researce Service BCHEDULE (Form 960)

Pace 2

73-1023474 Schedule | (Form 990) (2011) SOCIETY

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.

(a) Type of grant or senistance	(b) Number of recipients	(a) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisel, other)	(1) Description of non-cash assistance
SCHOLANBRIPE	000	236,049	0		
But it But the Bupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the Informatio	n required in Part I,	lhe 2, and any other	edditional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	ARE PRO	VIDED TO T	ARE PROVIDED TO THE EDUCATION	NC	
INSTITUTION OF THE RECIPIENT FOR A	PPLICATI(APPLICATION AGAINST THE	THE RECEI	RECEIPIENTS	
	,				
138102 01-27-12		28			Schedule I (Form 990) (2011

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 2011

Department of the Treesury Internal Revenue Berrice

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Employer identification number 73–1023474

FORM 990. PART I, LINE 1. DESCRIPTION OF ORGANIZATION MISSION: TECHNOLOGY, ENGINEERING AND MATH. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: INTERNSHIPS - THE AISES INTERNSHIP PROGRAM IS A SUMMER PROGRAM THAT PROVIDES QUALIFIED COLLEGE STUDENTS WITH INTERNSHIP OPPORTUNITIES TO EXPLORE POTENTIAL FEDERAL SERVICE CAREERS. AISES CURRENTLY ADMINISTERS EIGHT INTERNSHIP PROGRAMS. **REVENUE \$ 233,593.** EXPENSES \$ 133,298. INCLUDING GRANTS OF \$ 0. THESE INCLUDE SPECIFIC PROGRAMS FUNDED BY PRIVATE FOUNDATIONS AND INCLUDE REGIONAL COMMUNITY NETWORKS TO SUPPORT THE NATIONAL SCIENCE FAIR AND THE COLLEGE CHAPTER PROGRAMS. FORM 990, PART VI, SECTION A, LINE 6: THE ORANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS ELECTIONS FOR THE BOARD OF DIRECTORS. THE CALL FOR NOMINATIONS IS RELEASED TO AISES members and posted on the website. After the nomination deadline has PASSED, A BALLOT ALONG WITH ALL COMPLETE NOMINATIONS ARE COPIED AND E-MAILED AND MAILED OUT TO EACH GENERAL MEMBER OF AISES FOR VOTING. THE BALLOTS ARE MAILED OR E-MAILED BACK TO AISES AND A FORMAL BALLOT RECONCILIATION AND COUNTING PROCESS TAKES PLACE. THE INDIVIDUALS WITH THE MOST MEMBER VOTES ARE ELECTED TO FILL THE VACANT BOARD OF DIRECTORS POSITIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
1322-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization AMERICAN INDIAN SCIENCE AND ENGINEERING	Page 2 Employer identification number
SOCIETY	73-1023474
FORM 990, PART VI, SECTION A, LINE 7B: THE ORGANIZATION'S	MEMBERS MUST
APPROVE CHANGES TO THE BY-LAWS.	
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM	990 WILL FIRST
BE PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIR	ECTORS FOR REVIEW.
UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, FORM 99	0 WILL BE
SUBMITTED TO THE FULL BOARD FOR APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRE	CTORS ARE
REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THE CHE	IF EXECUTIVE
OFFICER EACH YEAR UPON BECOMING AWARE OF THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15: OFFICER COMPENSATI	ON IS DERIVED
FROM SALARY SCALES AND NEW POSITIONS, IE. THE CEO, GET TH	EIR SCALES BASED
ON SURVEYS OF LOCAL NON-PROFIT SCALES, AS WELL AS NATIONA	L SCALES. THE
SALARY SURVEYS/SCALES ARE BASED ON DIRECT REQUESTS OF DAT	A, AS WELL AS
INFORMATION PUBLICLY AVAILABLE ON GUIDESTAR.ORG. ALL NEW	POSITIONS AND
SALARIES ARE DISCUSSED/APPROVED AT THE BOD LEVEL. OFFICER	S ARE FURTHER
INTERVIEWED BY BOTH PROFESSIONAL STAFF AND BOD MEMBERS. M	EDIAN FIGURES FOR
BOTH LOCAL AND NATIONAL PAY ARE USUALLY TARGETED, UNLESS	CANDIDATE PROFILES
AND EDUCATIONAL BACKGROUNDS EXCEED THE MEDIAN FIGURES, TH	EN A SLIGHTLY
ELEVATED PAYSCALE MAY BE CONSIDERED AND BUDGETED FOR.	
FORM 990, PART VI, SECTION C, LINE 19: ANY REQUEST FOR TH	F OPCANTZATION/S

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS MUST BE MADE IN WRITING TO THE CHEIF EXECUTIVE OFFICER AND FINANCE DIRECTOR.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY	Employer Identification number 73–1023474
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-116,929.
PART IX LINE 8 TO REMOVE ENTITY INCLUDED IN CONSOLIDATED	
FINANCIALS	33,629.
TOTAL TO FORM 990, PART XI, LINE 5	-83,300.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE PROCESS FOR THE SELECTION OF	THE INDEPENDENT
AUDITORS.	
· · · · · · · · · · · · · · · · · · ·	
	4
	
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Department of the Treasury Internal Revenue Service **SCHEDULE R** Form 990)

Related Organizations and Unrelated Partnerships

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

P Attach to Form 990.

P See separate instructions.

AMERICAN INDIAN SCIENCE AND ENGINEERING

2011

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Identification of Disregarded Entities (Complete if the organization enswered "Yes" to Form 990, Part IV, Ine 33.)

SOCIETY

Name of the organization

Employer Identification number 73—1023474

Schedule R (Form 990) 2011 (g) Section 512pt(13) controlled Yes No Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization enewered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets Public charity status (ff section 501(c)(3)) 3 Total income Evernpt Code Ī Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primery activity Ē For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EN Name, address, and EIN of related organization of disregarded entity

Page 2

73-1023474

Schedule R (Form 990) 2011 SOCIETY

Dense of Percentage menecks ownership pertner? Percentage ownership 88.804 Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, the 34 because it had one or more related organizations treated as a corporation or trust during the tax yesr.) g 3 identification of Reinhed Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related contaminations treated as a partnership during the tax year.) 171,470. Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) n 8 33,630, (f) Share of total income Yes No Z Type of entity (C corp., 8 corp., or truet) Share of end-of-year essents (f) Share of total income NI SIS fresh or the control of the control Predombant income (related, unrelated, pockeded from tax under sections 512-514) Ž T UBLISHING COUPANY Primary activity Offset controlling entity 豆 Dreign County Primery activity Z AISES PUBLISHING, INC. - 84-1009435 Name, address, and EIN of related organization Name, address, and EIN of related organization 2305 REMAND SE SULTE 200 ALBUQUERQUE, INC. 87106 32-12 01-23-12

Page 3

73-1023474

SOCIETY Schedule R (Form 690) 2011

Schedule R (Form 990) 2011 2 ŧ Method of determining amount involved 2 If the mewer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. TANGETHAND OF THE PROPERTY AND A COLUMN AND During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts HVY 異式學言 Transactions With Related Organizations (Complete If the organization enswered "Yes" to Form 990, Pert IV, line 34, 35, 35s. or 36.) Reinbusement paid by related organization(s) for expenses......... (c) Amount involved Lease of facilities, equipment, or other sesets from related organization(s) Loans or loan guarantees to or for related organization(s) (b) Transaction (ype (a-c) 34 Performance of services or membership or fundateing solicitations for related organization(s) Performance of services or membership or fundralang solicitations by related organization(s) : : Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (ii) anterest (iii) annuittes (iii) royables or (iv) rent from a controlled entity ************************ Purchase of assets from related organization(s) Gift, grant, or capital contribution from related organization(b) Note. Correlate line 1 if ary entity is listed in Parts II, III, or IV of this achedule. Other transfer of cash or property from related organization(s) Other transfer of cesh or property to related organization(s) GM, grant, or capital contribution to related organization(s) Sharing of paid employees with related organization(s) Name of other organization Exchange of essets with rolated organization(s) Sale of essets to related organization(s) 8 6 9 힉 8 3

51-62-IC (31-23-IZ

Page 4

73-1023474

Schedule R (Form 990) 2011 SOCIETY

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

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

Percentage ownership Share of and-of-year assets Share of total hoome Predominant income perses.
(reithed, unrelated, exist)
excluded from tax
under section 512-514) | year | Ne Legal domicile (state or foreign country) Primary activity Ē Name, address, and EIN of entity

35

Schedule R (Form 990) 2011

Forth 8868

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

File a generate application for each return.

OMB No. 1545-1709

Internal Pa	Wante gelvine	a era elabe	GRADII IOI GRAII I GARII IF		<u> </u>	
• If you	ere fling for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box	······	>	X
	are fling for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted a					
	nic filing <i>(e-file)</i> You can electronically file Form 8868 if y					
	to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the ex					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	tronic filing of this f	om,
	nv.ins.govieffie and click on e-file for Cherities & Nonprofits Autometic 3-Month Extension of Time		ubmit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an autor					
Part I o					•	
All other	r corporations (including 1120-C illers), partnerships, REM come tax returns.					
Туре о		otlone		Emolover	identification numb	er (FIN) or
rint orint	AMERICAN INDIAN SCIENCE AND		INEERING	- inches		
Pare	SOCIETY X 73-10234					
File by the	lie by Be Sharehand and annual market annual mar					
due date to learn the later and local or state inc. if a P.D. doc, see instructions. Ingreur 2305 RENARD PLACE SE, NO. 200						,
return. Ger Institution	u. (a)					
	ALBUQUERQUE, NM 87106	area and				
	THEORET WAS CITED					
F-4 41-	ne Return code for the return that this application is for (file		to coeffection for each mature)			01
CILDER VI	is Leginial Come for the Legisla from Files elaboration is for the	a ashma	re abbreston for each termin			رغاني.
0H	Man	Determ	Application	_		Return
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ls For		Code	is For	-		Code
Form 9		01	Form 990-T (corporation)			07
<u>Form 91</u>		02	Form 1041-A	_		08
Form 9		01	Form 4720			09
Form 91		04_	Form 5227			10
	90-T (sec., 401(a) or 406(a) trus()	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8670			12
_	MARIE THAMES		- # 200 SIDVOIT		.m. 07106	
	books are in the care of ≥ 2305 RENARD PL	ACE S		RQUE,	NW 8/100	
	phone No. ► <u>505-765-1052</u>					
	organization does not have an office of place of business					
	s is for a Group Return, enter the organization's four digit					
	, if it is for part of the group, check this box				ers the extension is	for.
1 1	request an automatic 3-month (6 months for a corporation					
-	AUGUST 15, 2012 , to file the exemp	ot organiza	dion return for the organization nam	ed above.	The extension	
iu	for the organization's return for:					
	X calendar year 2011 or					
)	tax year beginning	,	d ending		_•	
	the tex year entered in line 1 is for less than 12 months, o	sheck rees	on: L initial return	Final return	n	
l	Change in accounting period					
3e If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			_
<u>n</u>	onrefundable credits. See instructions.			3e	\$	0.
b 11	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter eny	refundable credits and			
	etimated tex payments made. Include any prior year over	•		3b	\$	0.
	elence due. Subtract line 3b from line 3e. Include your pr					
	v using EFTPS (Electronic Federal Tax Payment System).	-	- · · · · · · · · · · · · · · · · · · ·	3c	8	0.
	n. If you are going to make an electronic fund withdrawal				O for payment ine	
	For Privacy Act and Paperwork Reduction Act Notice.				Form 8866 (R	
		, Joseph Market			i erin eeses (n	94. 1-EV 12)