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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)

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and en	ding								
В	heck if	AMERICAN INDIAN SCIENCE AND ENGINEERING	3	D Employer identific	ation number						
	_Addres	SOCIETY									
	Name change	Doing Business As		73-1023474							
	Initial return	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Telephone number							
	Termir	2305 RENARD PLACE SE 20	00	505-765-1052							
	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,351,485.						
	Application	* ALBUQUERQUE, NM 87106		H(a) is this a group ret	um						
	pendır	F Name and address of principal officer:SARAH ECHOHAWK	•	for affiliates?	Yes X No						
		SAME AS C ABOVE		H(b) Are all affiliates incli	ıded? Yes No						
1	Гах-ех	empt status: X 501(c)(3)	527	If "No," attach a l	st. (see instructions)						
J	Vebsit	e: ► WWW.AISES.ORG		H(c) Group exemption	number >						
, <u>K</u> 1	orm of	organization X Corporation Trust Association Other ▶	L Year	of formation: 1977 M	State of legal domicile NM						
P	art I	Summary									
6)	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{TO}}$ PRC	OMOTE	EDUCATIONAL	AND						
Governance	1	CAREER OPPORTUNITIES FOR NATIVE AMERICAN Y	HTUOY	IN THE FIEL	DS OF						
֓֞֞֟֞֟֝֟֟֓֓֟֟	2	Check this box In the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.						
, §	3	Number of voting members of the governing body (Part VI, line 1a)		3	9						
୍ ଓ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9						
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	22						
įį	6	Total number of volunteers (estimate if necessary)		6	0						
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
))				Prior Year	Current Year						
ø	8	Contributions and grants (Part VIII, line 1h)		1,055,141.	1,069,695.						
Z.	9	Program service revenue (Part VIII, line 2g)		1,485,602.	1,175,287.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		95,095.	36,375.						
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,701.	30,815.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,653,539.	2,312,172.						
	13	Grants and similar amounts paid (Part IX, column (A), lines [:3]	., L	236,049.	244,900.						
	14	Benefits paid to or for members (Part IX, column (A), IneX)ECEIVED		0.	0.						
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines-5-10).	↓ ∟	770,411.	806,674.						
Expenses	16a	Professional fundraising fees (Part IX column (Aluffne 11e)	!	0.	0.						
x	b	Total fundraising expenses (Part IX, column (D), line (25)	<u> </u>								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)	<u> </u>	1,558,579.	1,609,032.						
	18	Total expenses. Add lines 13-17 (must equal Part IX; country (A line 25) 17		2,565,039.	2,660,606.						
_	19	Revenue less expenses. Subtract line 18 from line 12		88,500.	<348,434.>						
Net Assets or			Ве	ginning of Current Year	End of Year						
set	20	Total assets (Part X, line 16)		2,325,627.	1,983,973.						
Z A	21	Total liabilities (Part X, line 26)		381,940.	287,199.						
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		1,943,687.	1,696,774.						
****		Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is						
true	, corre	ct, and complete declaration of preparer (other than officer) is based on all information of whic	h prepare								
		Sarah EchoHawk			<u>3-13</u>						
Siç	jn	Signature of officer	_	Date							
He	re	SARAH ECHOHAWK, CHIEF EXECUTIVE OFFICE	R		· - · · · · · · · · · · · · · · · · · ·						
		Type or print name and title		Deta T	DTIE						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Pai	d	DAMES M. HAYNES	<u> </u>	6/21/13 If self-employe							
	parer	Firm's name PULAKOS CPAS, PC	_	Firm's EIN	85-0219147						
Use	Only	Firm's address 5921 JEFFERSON STREET NE			rac.220 1500						
		ALBUQUERQUE, NM 87109		Phone no (505)338-1500						
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		 	X Yes No						
	004 40	to to LHA For Panonyork Reduction Act Notice see the senarate instruction			Form 990 (2012)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments	
<u> </u>		X
1	Briefly describe the organization's mission:	_
	THE AISES MISSION IS TO INCREASE SUBSTANTIALLY THE REPRESENTATION OF	
	AMERICAN INDIAN AND ALASKAN NATIVES IN ENGINEERING, SCIENCE, AND OTHER	
	RELATED TECHNOLOGY DISCIPLINES.	
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 services?	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 measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	<u>•</u>)
	CONFERENCE - THE ANNUAL NATIONAL CONFERENCE IS AISES' MAJOR EVENT	
	HOSTED EVERY YEAR FOR ITS CONSTITUENTS. THE CAREER FAIR AND RESEARCH	
	PRESENTATIONS OFFER COMPANIES A UNIQUE FORUM FOR RECRUITING AMERICAN	
	INDIAN STUDENTS AND PROFESSIONALS. 1,644 INDIVIDUALS ATTENDED THE 2011	
	CONFERENCE, WITH MORE THAN HALF OF THOSE BEING AMERICAN INDIAN HIGH	
	SCHOOL AND COLLEGE STUDENTS.	
4b	(Code) (Expenses \$)
	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS,	
	AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN	
	INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL.	
	AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHERS	
	TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANCE	
	IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS.	
	202 655	
4c	(Code) (Expenses \$ 292,655. including grants of \$ 244,900.) (Revenue \$)
	SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE AND	
	GRADUATE STUDENTS WHO ARE MEMBERS OF AISES FOR LEADERSHIP AND ACADEMIC	
	ACHIEVEMENT. AISES ADMINISTERS THREE TYPE OF SCHOLARSHIPS.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 275,944 · Including grants of \$) (Revenue \$ 116,835 ·)	
4e	Total program service expenses ▶ 1,846,504.	0.15
	Form 990 (2)	ロ12

232002 12-10-12

Form 990 (2012) SOCIETY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
•	similar amounts as defined in Revenue Procedure 98-19? 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	5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		x
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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
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	445		v
15	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	14b		X
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1.5		
. •	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u></u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

Form 990 (2012) SOCIETY

Part IV 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		<u>X</u>
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	X	
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		_X
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	İ		
	Schedule K If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	28a	:	х
a	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	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, 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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	
	and that is treated as a partnership 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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X	(00:5)
		Form	99U	(2012)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			\perp
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	 	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22		
	filed for the calendar year ending with or within the year covered by this return	22	· ·	ł
b	, , , , , , , , , , , , , , , , , , , ,	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
		. <u>3a</u>	+	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	+	\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a	-	A
0	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b		5b	 	X
C	5.5	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli	·	+	\vdash
V L	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	. 6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor? 7a		_ X_
ь	Market and the second of the s	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
9			 	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the y	year? 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	· · · · · · · · · · · · · · · · · · ·	9a	\neg	
- b		<u>9b</u>		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a				
11	Section 501(c)(12) organizations. Enter:			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	a İ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	136	3	
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141		<u> </u>
		Fo	rm 990	(2012)

73-1023474

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

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 9										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
ь	Enter the number of voting members included in line 1a, above, who are independent 9										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
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		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6	Х								
7a	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?	7a	Х								
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	X								
ь	Each committee with authority to act on behalf of the governing body?	8ь	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	X								
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	Х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	X	<u></u>							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>							
b	Other officers or key employees of the organization	15b	X	<u> </u>							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		•								
	taxable entity during the year?	16a		X							
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									
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NM	<u></u>									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	ncıal								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:									
	MARIE THAMES - 505-765-1052										
BAAAA	2305 RENARD PLACE SE, # 200, ALBUQUERQUE, NM 87106										

12-10-12

Form 990 (2012)

SOCIETY

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Page 7

Part VII 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

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	I	<u> </u>	((прсі	1341	(D)	(E)	(F)
Name and Title	Average	(do		Posi	rtion		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week (list any	_			<u> </u>			from the	from related organizations	other compensation
	hours for	or director				8		organization	(W-2/1099-MISC)	from the
	related	trustae o	nstee Base		l	ensat		(W-2/1099-MISC)	,	organization
	organizations	E E	ם		90 o	5 g				and related
	below	Individual	Institutional frustee	Officer	Кеу етріоуве	Highest compensated employee	Former			organizations
(1) DR. MARK BELLCOURT	line) 3.00	흐	프	ð	å	₹5	윤			
MEMBER	3.00	X						0.	0.	0.
(2) KI TECUMSEH	3.00						-	1		
MEMBER		x						0.	0.	0.
(3) DR. MELINDA MCCLANAHAN	3.00		 							
SECRETARY		Х		х				0.	0.	0.
(4) BARBARA TENARIO-GRIMES	3.00							·		
MEMBER		X						0.	0.	0.
(5) STEVEN YAZZIE	3.00									
TREASURER		X		X				0.	0.	0.
(6) TYLER PARISIEN	3.00									
SR. STUDENT REP. (NON-VOTI		X	_					0.	0.	0.
(7) CIARRA GREENE	3.00								_	_
JR. STUDENT REP. (NON-VOTI		X			<u> </u>	<u> </u>	ļ	0.	0.	0.
(8) TWYLA BAKER-DEMARAY	3.00					ļ				
MEMBER	2 00	X	ļ	_		<u> </u>	_	0.	0.	0.
(9) CHRIS ECHOHAWK	3.00	·								
VICE CHAIR	3.00	X	-	X	_	├	-	0.	0.	0.
(10) MARLENE WATSON	3.00	X	1					0.	_	_
MEMBER	3.00	^	├─	<u> </u>	 	┢	-	0.	0.	0.
(11) DR. MARY JO ONDRECHEN CHAIR	3.00	X		X	t			0.	0.	0.
(12) ROZELLA KENNEDY	40.00	A	\vdash	^	-	╁	 		0.	<u> </u>
BUSINESS DEVELOPMENT DIREC	10.00	1		x				23,978.	0.	2,974.
(13) PAMALA M. SILAS	40.00	\vdash		<u> </u>		-	-	23/3/30		2/3/11
CHIEF EXECUTIVE OFFICER		1		X				85,269.	0.	8,568.
(14) MARIE THAMES	40.00			-			 			3,000
FINANCE DIRECTOR		1		X			ŀ	78,424.	0.	8,611.
(15) CARA THUNDER	40.00							•		
PROGRAM DIRECTOR		1		Х				65,200.	0.	8,190.
(16) SHERYL WILKESON	40.00				1	T		<u> </u>		
MEMBER SERVICES, MARKETING AND EVENT				Х				59,809.	0.	7,859.
(17) SHIRLEY LACOURSE	40.00		_	_						
BUSINESS DEVELOPMENT DIREC		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	Х			L	28,750.	0.	3,285.
232007 12-10-12										Form 990 (2012)

	990 (2012) SOCIETY									73-10	234	74	Page	<u> 8 ∈</u>
Par	t VH Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amounte othe		
		(list any hours for related lorganizations below line)	Individual trustae or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orgar and i	ensation the sization related ization	1
									,					_
												_		_
		,												_
1b	Sub-total								341,430.		0.	39	,48	7
С	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A					>		0. 341,430.		0.			0 .
2	Total number of individuals (including but compensation from the organization	t not limited to th	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	0,000 of reportabl	e		res N	(
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J fo.			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3		No.
4	For any individual listed on line 1a, is the and related organizations greater than \$1	150,000? <i>If</i> "Yes,	," cc	mpl	ete :	Sch	edul	e J i	for such individual .	•		4		X
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," control B. Independent Contractors					-		relat	ted organization or indiv	idual for services		5		X
1	Complete this table for your five highest the organization. Report compensation for										pensa	ation fro	om	
	(A) Name and busine	ss address	N	ONI	E				(B) Description of	services	Co	(C) ompens		_
							-							
														_
			-	<u>.</u>										
2	Total number of independent contractors \$100,000 of compensation from the organization	_	not I	imite	ed to		ose li	isted	l d above) who received r	nore than				
	Transportation non the orge											Form 9	90 (20)12

		Check if Schedule O cont		to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	81,833.				
An An	C	Fundraising events	1c					
┋┋	d	Related organizations	1d					
Si.E	e	Government grants (contribut	ions) 1e	425,036.				
를 들	f	All other contributions, gifts, gran	1 1	F.CO. 00.C				
들됨		similar amounts not included abor	ve . [1f]	562,826.				
5 5	_	Noncash contributions included in lines	1a-1f \$		1 060 605			
0 8	<u>h</u>	Total. Add lines 1a-1f		1	1,069,695.		***************************************	
	2 a	NATIONAL CONFER	FNCF	Business Code		1 084 072		
. <u>\$</u>	2 a b	COTENIOR FATO DE		541900	1,084,072. 91,215.	91 215		
Se	c		VENUE	311300	31/213.	31,213.		
E Š	d							
Program Service Revenue	e							
ا ية	f	All other program service reve	enue					
	. 9	Total. Add lines 2a-2f		>	1,175,287.			
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		•	24,475.			24,475.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				1
	5	Royalties	r	<u> </u>				
			(i) Real	(ii) Personal	-			
- 1	6 a							
	b	•			-			
ĺ	C بہ	Rental income or (loss)	Ļ		1			
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(iı) Other				
	, ,	assets other than inventory	45,375.	(ii) Other	1			
	ь	Less: cost or other basis	20,0.00					
	_	and sales expenses	33,475.					
	c	: Gain or (loss)	11,900.		1			
	d	Net gain or (loss)	•		11,900.			11,900.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
en		including \$						
<u>§</u>		contributions reported on line	1c). See					
Other Revenu			а					
ਰੋ		Less: direct expenses	b	<u> </u>	-			
		Net income or (loss) from fund		<u> </u>				-
	y a	Gross income from gaming ac Part IV, line 19						
		Less: direct expenses	. a		1			
		Net income or (loss) from gan			†			
,		Gross sales of inventory, less	•					
}		and allowances	a	11,033.				
1	b	Less: cost of goods sold	b	5,838.				
		Net income or (loss) from sale	es of inventory	•	5,195.]		5,195.
		Miscellaneous Revenu		Business Code				
[1	11 a	MISC. REVENUE		900099	25,620.	25,620.		
	b	·						
	c	·						1
	d	All other revenue .			05 600			
		Total. Add lines 11a-11d	• • •		25,620.			41 570
232009	12	Total revenue See instructions	··		2,312,172.	μ, 200, 90/.	0	. 41,570.

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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). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 244,900. 244,900 the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 383,888. 190,426. 141,023. 52,439. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 315,258. 156,696. 115,772. 42,790. Other salaries and wages 8 Pension plan accruals and contributions (include 5,239 2,557 1,930 752. section 401(k) and 403(b) employer contributions) 31,570. 65,186. 9,573. 24,043. Other employee benefits 9 37,103. 18,108. 13,667. 5,328. 10 Payroll taxes Fees for services (non-employees) 11 Management Legal ь С Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 220,247. 78,417. 100,392. 41,438. column (A) amount, list line 11g expenses on Sch O) 1,600. 1,600. 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 16,344. 6,786. 98,675 48,872. 33,459. 16 Occupancy 107,531. 61,470. 39,275. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 454,741. 455,250. 509. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 45,978. 45,978 22 Depreciation, depletion, and amortization 23 Insurance 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) amount, list line 24e expenses on Schedule O.) PARTICIPANT COSTS & STI 259,172. 259,172. 0. 0. MISCELLANEOUS 159,349. 82,312. 67,788. 9,249. AWARDS & GIFTS 108,935. 107,812. 1,123. 0. 6,753. 37,526. 48,765. 4,486.PRINTING AND COPYING 70,325. 21,961. 103,530. 11,244. All other expenses 2,660,606. 1,846,504. 613,673. 200,429. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Part /	<u> </u>	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X	··		
				(A) Beginning of year		(B) End of year
- -	1	Cash - non-interest-bearing		122,371.	1	0.
2	2	Savings and temporary cash investments		494,779.	2	255,234.
(3	Pledges and grants receivable, net		429,149.	3	289,053.
4	4	Accounts receivable, net		38,311.	4	95,965.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees. Complete		1	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	,		
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).		6		
ets	7	Notes and loans receivable, net	•		7	
Assets	8	Inventories for sale or use		12,949.	8	23,203. 31,396.
1 1 .	9	Prepaid expenses and deferred charges		17,276.	9	31,396.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 229,133	•		
	ь	Less: accumulated depreciation	10b 175,041	105,352.	10c	54,092.
1.		Investments - publicly traded securities		907,439.	11	54,092. 1,010,397.
1:		Investments - other securities. See Part IV, line	11	198,001.	12	224,633.
1:		Investments - program-related. See Part IV, line		·	13	
14		Intangible assets		14		
1:		Other assets. See Part IV, line 11		15		
10		Total assets. Add lines 1 through 15 (must equ	al line 34)	2,325,627.	16	1,983,973.
1		Accounts payable and accrued expenses	123,164.	17	1,983,973. 103,406.	
10	8	Grants payable		18		
19	9	Deferred revenue	258,776.	19	183,793.	
2		Tax-exempt bond liabilities		20		
١.		Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
. <u>e</u>	2	Loans and other payables to current and forme				
ap		key employees, highest compensated employee	es, and disqualified persons.			
ובי		Complete Part II of Schedule L			22	
2	3	Secured mortgages and notes payable to unrela	ated third parties		23	
2		Unsecured notes and loans payable to unrelate	•		24	
2		Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines			1	
		Schedule D			25	
2	:6	Total liabilities. Add lines 17 through 25		381,940.	26	287,199.
		Organizations that follow SFAS 117 (ASC 958	3), check here X and			
ဖွ		complete lines 27 through 29, and lines 33 ar				
ဗို 2	27	Unrestricted net assets		418,928.	27	120,979.
<u>e</u> 2	28	Temporarily restricted net assets		464,926.	28	513,218.
<u>B</u> 2	29	Permanently restricted net assets		1,059,833.	29	1,062,577.
. 를		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶			
2		and complete lines 30 through 34.				
ई 3	10	Capital stock or trust principal, or current funds			30	
8 .	11	Paid-in or capital surplus, or land, building, or e			31	
¥ 3	32	Retained earnings, endowment, accumulated in			32	
ž 3	3	Total net assets or fund balances		1,943,687.	33	1,696,774.
ľ	14	Total liabilities and net assets/fund balances		2,325,627.		1,983,973.
				<u> </u>		Form 990 (2012)

Both consolidated and separate basis

Х

X

2c

3a

3b

consolidated basis, or both: Separate basis

Act and OMB Circular A-133?

X Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

SCHEDULE A (Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING

Employer identification number

		SOCIETI								<u>3-1023</u>	7/4	
Part I	Reason 1	or Public Cha	rity Status (All organiza	ations mus	st complete	this part	.) See inst	ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
1 🔲	A church, cor	vention of churche	es, or association of churc	hes descr	ibed in se	ction 170	(b)(1)(A)(i)	•				
2 🖳	A school desc	cribed in section 1	70(b)(1)(A)(ii). (Attach Sch	nedule E.)								
3 🖳	•		oital service organization o									
4	A medical res	earch organization	operated in conjunction v	with a hos	ortal descr	bed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's name	е,
	city, and state											
5 📖	_	·	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
	· ·	(b)(1)(A)(iv). (Comp	•									
6		· ·	nent or governmental unit									
7 X	-	-	ceives a substantial part o	of its supp	ort from a	govemme	ntal unit o	r from the	general	public desc	ribed in	1
. —	-	b)(1)(A)(vi). (Compl	•		.							
8	•		section 170(b)(1)(A)(vi). (•							
9 📖	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
			•	ion 511 ta	x) trom bus	sinesses a	icquirea b	y tne orga	inization	arter June 3	50, 197	э.
		509(a)(2). (Complet	e Part III.) operated exclusively to tes	at for publi	a anfatu. S	oo rootio	n E00/a)//	1				
10	_	-	pperated exclusively for th	•	-				v out the	nurnoses c	of one o	nr.
••	•	-	cations described in section		•				-	-		<i>"</i>
		• • •	g organization and comple		-		.,. 000 000		4 /(6 /)			
	a Type I	· · · · · · · · · · · · · · · · · · ·		/pe III - Fur	_		d	avT 🔲	e III - No	n-functional	lv intea	rated
e 🗌			at the organization is not	•	-	-						
-		•	than one or more publicly		=	-	-					
f			itten determination from t						. , , ,		. , , ,	
	-	rganization, check t			•	• • •						
g		-	organization accepted an	y gift or co	ontribution	from any	of the folk	owing per	sons?			
			directly controls, either ale							,	Yes	No
	the gove	eming body of the	supported organization?							11g(i)		
	(ii) A famıly	member of a perso	on described in (i) above?							11g(ii)	ļ	
	(iii) A 35% d	controlled entity of	a person described in (i) o	or (ii) above	9?					11g(iii)		
h	Provide the fe	ollowing information	n about the supported org	ganızatıon	(s).							
			·	1						Г		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is organizati	s the on in col.	(vii) Amoun	t of mor	netary
org	janization		1 (2000)	in col (i) lis governing	•	_	ion in coi r support?	(i) organiz U S	ed in the	sup	port	
			(see instructions))		1	-			т			
-			,	Yes	No	Yes	No	Yes	No			
				1								
			<u> </u>						+			
					,				1			
									1			
								1				
-			-	 					<u> </u>			
	<u> </u>											
											. <u></u>	
						-						
Total			1	1	1		I	1	1	1		

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 SOCIETY 73-10234

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

73-1023474 Page 2

Schedule A (Form 990 or 990-EZ) 2012

L	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I or	r if the organization	n failed to qualify u	inder Part III. If the	organization
	fails to qualify under the tests				. ,		_
Sed	ction A. Public Support					_	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		•				
	membership fees received. (Do not						
	include any "unusual grants.")	1654716.	1411421.	1474109.	1055141.	1069695.	6665082.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1654716.	1411421.	1474109.	1055141.	1069695.	6665082.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						716,805.
6	Public support. Subtract line 5 from line 4		1	· · , · · · · · · · · · · · · · · · · ·	•	1111	5948277.
	ction B. Total Support	<u> </u>	-				
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1654716.	1411421.	1474109.	1055141.	1069695.	6665082.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,438.	16,402.	17,730.	557,366.	69,850.	686,786.
9	Net income from unrelated business	,	·				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					-	
_	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,894.	26,235.	663.	5,381.	25,620.	61,793.
11	Total support. Add lines 7 through 10					•	7413661.
	Gross receipts from related activities	etc. (see instructi	ons)	<u> </u>	<u>*</u>	12 5	,808,352.
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and sto	•		,	•		ightharpoons
Se	ction C. Computation of Pub	ic Support Pe	rcentage			_	
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, o	column (f))		14	80.23 %
15	Public support percentage from 201	Schedule A, Part	II, line 14			15	81.01 %
16	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ì		-	►X
ı	o 33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua				-		
17	a 10% -facts-and-circumstances tes	t - 2012. If the org	janization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	·		ightharpoons
1	5 10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
	more, and if the organization meets t	_					
	organization meets the "facts and cir						▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
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	[j l	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	<u> </u>	•	,	•	•	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	
10a Gross income from interest,						
dividends, payments received on		İ		ŀ		
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business			-			
activities not included in line 10b,						
whether or not the business is regularly carried on						1
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)				1		
14 First five years. If the Form 990 is fo	r the organization	s first, second, the	rd. fourth, or fifth 1	ax vear as a sect	on 501(c)(3) organiz	ration.
check this box and stop here			,		(-/(-/ 90111	▶
Section C. Computation of Publ	ic Support Pe	ercentage	· · ·			
15 Public support percentage for 2012 (column (f))		15	
16 Public support percentage from 201	•	-	· · · · · · · · · · · · · · · · · · ·	·	16	
Section D. Computation of Inve			1		· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 20					17	
18 Investment income percentage from	•	•	,		18	
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2011. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Employer identification number 73–1023474

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
_	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		• — •
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pat		panization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	 1	rtified historic structure
	Preservation of open space	_ 	
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	_	2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
-	conservation easements.		
Pa	Till Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		_
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		ıal gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
ь	Assets included in Form 990, Part X	·	▶ \$

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

		N INDIAN S	SIENCE AND	ENGIN	EERII	NG	~~ 1^		_
	dule D (Form 990) 2012 SOCIETY							23474	
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a s	ignificant	use of its	collection r	tems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	ams				
b	Scholarly research	e	Other				•		
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or oth	er sımıla	r assets	_	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	Escrow and Custodial Arran	•	te if the organization	n answered	'Yes' to	Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other as	sets not	included	ا	٦	
	on Form 990, Part X?						L	_ Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				T		
								Amount	
C	Beginning balance					1c	ļ		
d	Additions during the year .	•	•			1d	<u> </u>		
е	Distributions during the year					1e	<u> </u>		
f	Ending balance		·			1f		٦.,	
2a	Did the organization include an amount on F						. L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								Ш
Par	t V Endowment Funds. Complete			ı				(.) 5	
_		(a) Current year	(b) Prior year	(c) Two yea		(d) Inree	years back	i -	rears back
1a	Beginning of year balance	1,218,873.	1,248,397.		7,033.		661,231.	 	561,231.
Ь	Contributions	00 505	26.054		0,000.		115 000		
c	Net investment earnings, gains, and losses	90,736.	<26,854.	> / ₁	1,364.		115,802.		
d	Grants or scholarships							 	
е	Other expenditures for facilities		0.670						
	and programs		2,670.						
Ţ	Administrative expenses	1 300 600	1 210 072	1 24	0 207	<u> </u>	777 022	 	561,231.
9	End of year balance	1,309,609.	1,218,873.		8,397.		777,033.	<u></u>	201,231.
2	Provide the estimated percentage of the cur	rent year end baland		i)) neid as:					
	Board designated or quasi-endowment ► Permanent endowment ► 81.14		%						
b		% 8.86 %							
С									
2-	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the possess.	-	ation that are held a	nd administs	ared for	the organ	uzation		
Ja		ession of the organiz	ation that are new a	ila aarniiniste	sted for	ille Olya	iizatioii	[\scalengering]	Yes No
	by: (i) unrelated organizations							3a(i)	X
								3a(ii)	$\frac{1}{x}$
	(ii) related organizations If "Yes" to 3a(ii), are the related organization	e lietad se raquirod a	n Schedule R?		-			3b	
4	Describe in Part XIII the intended uses of the	·						[00]	
_	rt VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		or other	(c) A	ccumula	ted	(d) Book	value
	bescription of property	basis (invest	1	(other)		epreciatio		(- , 500K	
12	Land	, and the second	,	. ,					
	Duddana								
	Leasehold improvements		1	5,681.	· ·	13.	755.	1	,926.
A	Equipment			6,952.		161,	286.		,666.
	Other			6,500.					,500.

Schedule D (Form 990) 2012

54,092.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2012 SOCIETY			73-	-1023474 Page 3
Part VII Investments - Other Securities. See			-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end	of-year market value
Financial derivatives		·		
2) Closely-held equity interests .				
3) Other				
(A) INVESTMENT IN AISES	224 622			
(B) PUBLISHING	224,633.	END-OF-YEAR	R MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	224,633.			, , , , , , , , , , , , , , , , , , ,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ► Part VIII Investments - Program Related. See		···-	 	
(a) Description of investment type	(b) Book value	(c) Method of valuat	on: Cost or end	of-year market value
(1)	(5) 50011 14.00	(4)		
(1)				
(3)				
(4)		· · ·		
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1				
(a) D	escription	<u> </u>		(b) Book value
(1)				
(2)				
(3)				*****
(4)				
(5)		<u></u>		
(6)	 			
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, III				·
1. (a) Description of liability		(b) Book value	11	, ,) , */**** // // //
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

AMERICAN INDIAN SCIENCE AND ENGINEERING

٠.		(Form 990) 2012 SOCIETY	ENGINEERING	73_	1023474 Page 4
Par		Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per l		
		<u> </u>	ilis Willi Nevellue pei i	1	2,422,891.
1		revenue, gains, and other support per audited financial statements	-	 "-" 	2/122/051.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	2a 74,889		
a		nrealized gains on investments	2b 747005	4	
b		ted services and use of facilities	2c 2c	-	
С		veries of prior year grants	2d 35,830	-	
d		r (Describe in Part XIII.)	20 337030	- 1 1	110 719
		ines 2a through 2d		2e	110,719. 2,312,172.
3		ract line 2e from line 1	•	3	2,312,172.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1		
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b		r (Describe in Part XIII.)	4b	ا ء ا	0.
C		ines 4a and 4b	•	4c	2,312,172.
5 D-5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme	ents With Evnanses no		
			ents with Expenses pe	1	2,666,444.
1		expenses and losses per audited financial statements	•	- "	2/000/111
2		unts included on line 1 but not on Form 990, Part IX, line 25: ited services and use of facilities	2a		
a _			2b	-	
0		year adjustments r losses	2c 2c	-	
ن		r (Describe in Part XIII)	2d 5,838	-	
ď		lines 2a through 2d	20 37000	2e	5,838.
е 3		ract line 2e from line 1		3	2,660,606.
4		unts included on Form 990, Part IX, line 25, but not on line 1:		 	270007000
*		stment expenses not included on Form 990, Part VIII, line 7b	4a]	
a _		r (Describe in Part XIII.)	4b	-	
b		lines 4a and 4b	40	4c	0.
_		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,660,606.
5 Da		Supplemental Information			270007000
		his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	Lines 1a and 4: Part IV lines	1b and	2h: Part V. line 4: Part
	-	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			20,1 art 4, mio 4,1 art
		I, LINE 4: THE INTENDED USE OF THE ENDOV		TO B	F.
1111		THE TRANSPORT OF THE ENDOR	WILLIAM I ONDO ID	<u> </u>	
TNY	VEST	TED IN PERPETUITY WITH THE INVESTMENT EX	ARNINGS BEING U	NRES	TRICTED
FUI	NDS	TO AISES.			
PAI	RT X	K, LINE 2: AISES IS EXEMPT FROM FEDERAL	INCOME TAX UND	ER S	ECTION
<u>50:</u>	1 (C	(3) OF THE INTERNAL REVENUE CODE AND I	S NOT CLASSIFIE	D AS	A PRIVATE
		AMION AIGHG WAG ADODMED AGGOVERNING DET	NOIDIEC CENERIS	T 17 =	COEDMED IN
FO.	UND	ATION. AISES HAS ADOPTED ACCOUNTING PRI	NCIPLES GENERAL	тх А	CCEPTED IN
тнт	e ur	NITED STATES OF AMERICA AS THEY RELATE	TO UNCERTAIN TA	X PO	SITIONS.

AMERICAN INDIAN SCIENCE AND ENGINEERING
Schedule D (Form 990) 2012 SOCIETY 73-102

Part XIII Supplemental Information (continued)

MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF AISES ARE WITHIN THEIR

TAX-EXEMPT PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS.

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

AISES BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE

EVALUATION OF THE AISE'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS

TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, AISES HAS NOT

RECORDED ANY PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS FOR THE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

YEAR ENDED DECEMBER 31, 2012.

GAIN ON INVESTMENT IN SUBSIDIARY

29,992.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

35,830.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS 5,838.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

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

AMERICAN INDIAN SCIENCE AND ENGINEERING

Part # General Information on Grants and Assistance

SOCIETY

Open to Public 2012 Inspection Employer identification number 73-1023474

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	or assistance, the	grantees' eligibility	/ Tor the grants or ass	iistance, and the selecti	X Yes No
ၓ	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part # 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	Governments an	d Organizations in the	e United States. C	complete if the orga	inization answered "Y	res* to Form 990, Part I	v, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and address of organization or government	(9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			:				
2 Enter total number of section 501(c)(3) and government organizations	and government of	lons	listed in the line 1 table				
ا	s listed in the instruct	ions for Form 990.					Schedule I (Form 990) (2012)

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

25

73-1023474

Schedule I (Form 990) (2012)
SOCIETY
Part iii Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part iii can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	257	244,900.	0.0	саѕн	•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, I	ine 2, Part III, colum	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: GRANTS ARE		PROVIDED TO THE	HE EDUCATION	NC	
INSTITUTION OF THE RECIPIENT FOR APPLICATION AGAINST	PPLICATIO	N AGAINST	THE RECEIPIENTS	PIENTS	
TUITION AND FEES.					

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

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: SCIENCE AND 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 AND PRIVATE INDUSTRY CAREERS. CURRENTLY ADMINISTERS FIVE INTERNSHIP PROGRAMS. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 99,680. REVENUE \$ 0. THESE INCLUDE SPECIFIC PROGRAMS FUNDED BY PRIVATE FOUNDATIONS AND INCLUDE REGIONAL COMMUNITY NETWORKS TO SUPPORT THE NATIONAL SCIENCE FAIR AND THE COLLEGE CHAPTER PROGRAMS. INCLUDING GRANTS OF \$ 0. REVENUE \$ 116,835. EXPENSES \$ 176,264. 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. 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.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

Employer identification number 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 DIRECTORS FOR REVIEW. UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, FORM 990 WILL BE SUBMITTED TO THE FULL BOARD FOR APPROVAL.

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

FORM 990, PART VI, SECTION B, LINE 15: OFFICER COMPENSATION IS DERIVED FROM SALARY SCALES AND NEW POSITIONS, IE. THE CEO, GET THEIR SCALES BASED ON SURVEYS OF LOCAL NON-PROFIT SCALES, AS WELL AS NATIONAL SCALES. THE SALARY SURVEYS/SCALES ARE BASED ON DIRECT REQUESTS OF DATA, AS WELL AS INFORMATION PUBLICLY AVAILABLE ON GUIDESTAR.ORG. ALL NEW POSITIONS AND SALARIES ARE DISCUSSED/APPROVED AT THE BOD LEVEL. OFFICERS ARE FURTHER INTERVIEWED BY BOTH PROFESSIONAL STAFF AND BOD MEMBERS. MEDIAN FIGURES FOR BOTH LOCAL AND NATIONAL PAY ARE USUALLY TARGETED, UNLESS CANDIDATE PROFILES AND EDUCATIONAL BACKGROUNDS EXCEED THE MEDIAN FIGURES, THEN A SLIGHTLY ELEVATED PAYSCALE MAY BE CONSIDERED AND BUDGETED FOR.

FORM 990, PART VI, SECTION C, LINE 19: ANY REQUEST FOR THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS MUST BE MADE IN WRITING TO THE CHEIF EXECUTIVE OFFICER AND FINANCE

DIRECTOR.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization AMERICAN INDIAN SCIENCE AND ENGINEERING	Employer identification number
SOCIETY	73-1023474
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PART IX LINE 8 TO REMOVE ENTITY INCLUDED IN CONSOLIDATED	
TTV1.VGT.1.T.G	26 622
FINANCIALS	26,632.
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Related Organizations and Unrelated Partnerships SCHEDULE R

atablic on imper OMB No 1545-0047

Form 990) epartment of the Treasury	Comple	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. 	es" to Form 990, Part IV, line 33, 3 ▶ See separate instructions.	ie 33, 34, 35, 36, ctions.	or 37.		Open to Public Inspection
lame of the organization	tion AMERICAN INDIAN SOCIETY	SCI	NEERING			Employer ident 73-1023	Employer identification number $73-1023474$
Part ! Identificat	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	if the organization answered "Yes"	to Form 990, Part IV, line 33.				
Name, add	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
				_			
Part # Identificat	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	tions (Complete of the organization a	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one or	more related tax-ex	empt
Nar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?

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

AMERICAN INDIAN SCIENCE AND ENGINEERING

SOCIETY Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

73-1023474

General or Percentage managing ownershp Schedule R (Form 990) 2012 Yes No Section 512(b)(13) controlled entity? × Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes No 88.80 Ξ amount in box 20 of Schedule K-1 (Form 1065) 200,318. Share of end-of-year assets 6 ate allocations? Disproportion-Yes No $\widehat{\boldsymbol{arepsilon}}$ 633. Share of total income 26 Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** Share of total income CORP Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত AISES e Legal domicile (state or foreign country) 31 MΝ છ Direct controlling entity PUBLISHING COMPANY ፱ Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 AISES PUBLISHING, INC. - 84-1009435 Name, address, and EIN of related organization Name, address, and EIN of related organization 2305 RENARD SE SUITE 200 87106 M <u>e</u> ALBUQUERQUE, 232162 12-10-12 Part IV

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

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Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed in P	arts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
				Td X
				1e X
f Dividends from related organization(s)				1f X
Sale of assets to related organization(s)		,		1g X
b Purchase of assets from related organization(s)				
				i.
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			+
 Sharing of paid employees with related organization(s) 				10
				· ·
 Reimbursement paid to related organization(s) for expenses 				
 Reimbursement paid by related organization(s) for expenses 				19
r Other transfer of cash or property to related organization(s)				1.
s Other transfer of cash or property from related organization(s)				1s X
If the answer to any of the above is "Yes," see the instructions for infor	who must complete th	ils line, including covered relat	mation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved
	type (a-s)			
(1)				
			-	
(0)				
(4)				:
(5)				
232163 12-10-12	32		Schedule	Schedule R (Form 990) 2012

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AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY Schedule R (Form 990) 2012

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

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.

that was not a related organization. See instructions regarding exclusion for certain investment partitions.	structions regarding exciu	Sion for certain link	estillellt paltileisinps.	;			1		1	100
(a)	<u>ê</u>	<u>o</u>	(D)	(E)		6	E .	3	€	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	9 partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Olspropor- tonate allocations?	Ospropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? of Schooling K-1 partner?	General of managing partner?	General or Percentage managing ownership
		country)	under section 512-514)	Yes No	Income	assets	Yes	(Form 1065)	Yes	
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Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple	_				► X	
-	are filing for an Additional (Not Automatic) 3-Month Ex			•			
	omplete Part II unless you have already been granted			-			
	ic filing (e-file). You can electronically file Form 8868 if						
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details o	on the elec	ctronic filing of th	ııs form,	
	rrs.gov/efile and click on e-file for Charities & Nonprofits			11\			
Part I	Automatic 3-Month Extension of Time						
	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and o	complete		. —	
Part I onl						.▶ ∟	
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
Type or					Employer identification number (EIN) or		
print	AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY				73-1023474		
File by the due date for filing your	Number, street, and room or suite no. If a P O box, see instructions. Social security number (SSN 2305 RENARD PLACE SE, NO. 200					SSN)	
retum See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.						
	ALBUQUERQUE, NM 87106						
	IMBOQOERQUE, NII 0/100		•				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	MARIE THAMES		1		·		
	ooks are in the care of 2305 RENARD PL.	ACE S		RQUE,	NM 8710	6	
	none No ► <u>505-765-1052</u>		FAX No. >		<u> </u>	. —	
	organization does not have an office or place of busines						
	is for a Group Return, enter the organization's four digit	٦			_	•	
box 🕨	. If it is for part of the group, check this box		ich a list with the names and EINs of		ers the extensio	n is for.	
1 re	quest an automatic 3-month (6 months for a corporation		·				
		t organiza	tion return for the organization name	ed above.	The extension		
	or the organization's return for:						
	X calendar year 2012 or						
>	tax year beginning	, an	id ending		<u> </u>		
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	ท		
L.	Change in accounting period						
							
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits. See instructions 3a \$					0.	
b If t	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	mated tax payments made. Include any pnor year over	oayment a	llowed as a credit.	3b	\$	0.	
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System)	See instru	ictions.	3c	\$	0.	
Caution	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fe	orm 8879-	EO for payment	instructions	