

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 C Name of organization Asombro Institute for Science Education D Employer identification number В Check if applicable 85-0386047 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change 575-524-3334 O Box 891 П Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated 228607 as Cruces, NM 88004-0891 Amended return G Gross receipts \$ H(a) is this a group return for subordinates? Yes No F Name and address of principal officer Application pending same as C above H(b) Are all subordinates included? ☐ Yes ☐ No 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No." attach a list (see instructions) Tax-exempt status www asombro org Website: ▶ H(c) Group exemption number ▶ 1990 NM L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Asombro Institute for Science Education is dedicated to increasing science literacy by fostering an understanding of the Chihuahuan Desert. We provide hands-on, inquiry-based Activities & Governance education programs in classrooms, schoolyards, and outdoor venues like the Chihuahuan Desert Nature Park Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 108 Total number of volunteers (estimate if necessary) . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 L 0 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 198233 158334 Contributions and grants (Part VIII, line 1h) . Revenue 8179 6308 9 Program service revenue (Part VIII, line 2g) 2984 3654 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 404 2249 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 169901 210444 1000 28500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 102300 115898 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 47903 51240 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 151203 195638 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18698 14806 19 Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 6 267630 282436 20 Total assets (Part X, line 16) 21 n Total liabilities (Part X, line 26) . . 267630 282436 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge June 2014 Sign Date Here Type or print name and title Date Print/Type preparer's name Preparer's signature **Paid** Check [] if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

☐ Yes ☐ No Form **990** (2013)

)	(Code: ) (Expenses \$ 22	2583 including grants o	f\$	0 ) (Revenue \$	0)
	Maintained and improved the organization's 935-a	acre Chihuahuan Desert N	lature Park, which	serves as a site for science	ce education
	programs and outdoor learning opportunities		••		
				***************************************	
			·		
			**		
_					
	(Code: ) (Expenses \$ 4 Published and distributed four issues of an inform	<sup>1782</sup> including grants o	f\$	0 ) (Revenue \$	0)
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	lividuals and businesses	
	Published and distributed four issues of an inform	ational and educational n	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 ind	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 inc	ividuals and businesses	
	Published and distributed four issues of an inform	ational and educational ne	ewsletter to 500 ind	ividuals and businesses	
			ewsletter to 500 inc	ividuals and businesses	
	Other program services (Describe in Schedu	ule O.)		ividuals and businesses	
_		ule O.)	) (Revenue \$	)	

**4**a

Part I	V Checklist of Required Schedules			9+ -
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	i	
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	.0		
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		•
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
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		<b>*</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		•
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>V</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
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		,
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	-	,
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	•	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		•
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		•
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>4</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		•
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? <i>If "Yes," complete Schedule R, Part I</i>	33		,
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	•	

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is occitedule of contains a response of note to any line in this Part V	<del>· ·</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>/</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	4a		•
b	If "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	,		
E	· · · · · · · · · · · · · · · · · · ·			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		4
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>4</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		4
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>4</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b></b>	ļ
9	Sponsoring organizations maintaining donor advised funds.	8	ļ	ļ
a	Did the organization make any taxable distributions under section 4966?	9a	<del></del>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.	]		
а	Gross income from members or shareholders		:	
b	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?	12a		ļ
b	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.		<u> </u>	<b> </b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	About a superficient and the control of the superficient and the superfi			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			•
Secti	on 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 1a 6			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
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		•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		•
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<b>/</b>	
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	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b	_	
J	the year by the following:			
а	The governing body?	8a	1	1
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<b>•</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
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	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>4</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		•
b	Other officers or key employees of the organization	15b		1
	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	<u></u>	•
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		<del>                                     </del>	
_	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico			
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)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ 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 int	erest	polic	y, and
	financial 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 organization: ► Stephanie V Bestelmeyer, 401 E College Dr , Las Cruces, NM 88001 575-524-3334	of the	•	

_	
Pane	- 4

_			
Form	aan	/2N1	-31

Part VII	Compensation of Officers, D	Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b>	, and
	Independent Contractors							

Check if Schedule O contains a response or note to any line 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.
- 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

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

(1) Justin Van Zee	☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee
1   Name and Title					(0	C)					
Name and Table   Name	(A)	(B)	(40.0	-+ -+			a than a		(D)	(E)	(F)
1   Justin Van Zee	Name and Title										
Nours for related organizations   Participation   Participat							or/trust				
Comparison   Com		hours for	악	Inst	율	ē	황	Ş	the	organizations	compensation
1   Justin Van Zee			rec	럁	ge	eg.	loye	Į₫			
1   Justin Van Zee		below dotted	of the	) a		힣	# 8		,		and related
1   Justin Van Zee		line)	uste	tas	İ	8	pen				organizations
(1) Justin Van Zee		}	*	fee			sate				
President		<del>  -</del>	ļ		_	-		-			
(2) Mary Beth Harper		7									
Vice President     ✓     ✓     0     0     0       (3) Mark Sechrist     6     ✓     0     0     0       Secretary     ✓     0     0     0       (4) Donna Yargosz     6     ✓     0     0     0       (5) Eugene Gant     5     0     0     0       Board member     ✓     0     0     0       (6) Gilbert Tellez     5     0     0     0       Executive Director     15     0     0     0       (8)     16560     0     0     0       (9)     110     16560     0     0       (11)     (12)     16560     0     0		<u> </u>	1		1	<u> </u>			0	0	
(3) Mark Sechnist		5	!			ł	ì	1	1	_	
Secretary		<u> </u>	1		~	<u>L</u>	<u> </u>	_	0	0	0
(4) Donna Yargos2   6	}	6	1	ł		ł	l		1	}	_
Treasurer     ✓     ✓     0     0     0       (5) Eugene Gant     5     0     0     0       Board member     5     0     0     0       Goldbert Tellez     5     0     0     0       Board member     15     0     0     0       Executive Director     16560     0     0     0       (8)     (10)     (11)     (11)     (12)       (13)     (13)     (13)     (14)     (15)			1		~	_		_	0	0	0
(5) Eugene Gant   5		6	1		ł	1	i	l	_	_	
Board member		<u> </u>	~		✓				0	0	
(6) Gilbert Teilez		5	l	ł	1	ľ	i	ĺ		1	_
Board member		<u> </u>	1		├	<u> </u>	-	<u> </u>	ļ 0	- 0	
(7) Stephanie Bestelmeyer 15 Executive Director 0  (8)  (9)  (10)  (11)  (12)		5		}	1	l	ĺ	ĺ			
Executive Director		<del>                                     </del>	<b>/</b>	ļ-	-	<u> </u>		<u> </u>	- 0	0	
(8) (9) (10) (11) (12) (13)		15		ľ	١.	(		(	10500		
(9) (10) (11) (12) (13)		<del>\                                    </del>	-	<del> </del>	~	┢	<u> </u>	<u> </u>	16560	0	
(10) (11) (12) (13)	(8)	· <del></del>	ĺ				Ì				
(11) (12) (13)	(9)	<del></del>							1		<del></del>
(11) (12) (13)	(10)	<del>                                     </del>	-	$\vdash$	-	-	-	-			
(12)				L		L		<u>.</u>			
(13)	(11)		{								
	(12)										
	(13)	+	-	+-	$\vdash$	-		$\vdash$	<del> </del>	<del> </del>	<del></del>
(14)	S.:7/	<u> </u>						<u>L</u>			
	(14)		{ _								

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or direct	ot ch unles	s pe	more rson	than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC		Estr amo comp fro organ and	(F) mated ount of other ensation m the nization related nization	f Ion Ion Id
(15)				ee			ated				+			
(16)								_			+			
(17)											+			
(18)														
(19)	······································													
(20)														
(21)											+-			·
(22)														
(23)											-			
(24)							<u>-</u>				_			
(25)											+			
									10500					
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>&gt;</b>	16560 0 16560		0 0			(
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th			ed a	above	e) w	ho received me	ore than \$100,	000 0	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete is	ficer, direc	tor, c					emp	oloyee, or high	est compensa	ated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole d	con	nper	nsatio					4		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individual		5		<b>1</b>
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Repyear.													tax
	(A) Name and business add	ress							(B) Description of s	ervices	Cc	(C) ompens		
None														
								1						

								rage 3
Part	VIII	Statement of Reve						_
,		Check if Schedule O	contains a res	ponse or note to				<u> </u>
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे ह	1a	Federated campaigns	s 1a	0				0.2 0.4
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	0				
۾ چ	c	Fundraising events .		4699				
ıfts r A	d	Related organizations		0				
ຼີ ≅		~		36519				
Sin	e	Government grants (con		30319				
intic er	f	All other contributions, gi		457045				
造 돌		and similar amounts not inc		157015	1			
id of	g	Noncash contributions includ		0			N.	
	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	198233		-	
ĭe				Business Code				
Ver	2a	Education programs		611600	6308	6308	0	0
8	b							L
jć.	С							
æ	d							
Ē	е							
Program Service Revenue	f	All other program sen		0	0			
<b>P</b>	g	Total. Add lines 2a-2		▶	6308			
	3	Investment income		ends, interest,				]
		and other similar amo		▶	3830			3830
	4	Income from investment	•	and proceeds	0			
	5	Royalties .	r or tax exempt be	Ind proceeds F	0	<u>-</u>		
		noyanics .	(i) Real	(II) Personal				
	60	Gross rents	0	0				
	6a		0	0		:		
	b	Less rental expenses		0				
	C	Rental income or (loss)						
	_d	Net rental income or (	<del></del> _		0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	9065		ĺ			
	b	Less: cost or other basis						
		and sales expenses	9241					
	С	Gain or (loss)	(176)				1	-
	d	Net gain or (loss) .			(176)			(176)
nue	8a	Gross income from fu				,		
Other Reven		events (not including \$		1				
æ		of contributions reporte	ed on line 1c).					
Ē		See Part IV, line 18	· · · a	10735				
돗	b	Less: direct expenses	s <b>b</b>	8822		·		
•	С	Net income or (loss) f	rom fundraising	events . ►	1913		0	1913
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	a	0				
	ь	Less. direct expenses	s <b>b</b>	0				
		Net income or (loss) f		vities ▶	0	0	0	0
	1	Gross sales of in						
		returns and allowance		436				
	b	Less: cost of goods s	_					
	c	Net income or (loss) f			336	336	0	0
		Miscellaneous R		Business Code				-
	11.			300030 0000				
	11a				+			
	b			<del> </del>	<del></del>			
	C	A II - Ab		0	0	0	0	0
	d	All other revenue .		L		- U	U	U
	_ e	Total. Add lines 11a-		, , , , , , , , , , , , , , , , , , ,	0			
	12	Total revenue. See in	nstructions	▶	210444	6644	0	5567

### 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).
--	---

<u> </u>	Check if Schedule O contains a respon	· -			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8750	8750		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	19750	19750		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	16560	12420	2484	1656
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	90121	81421	5769	2931
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	206	206	0	0
10	Payroll taxes	9011	7922	703	386
11	Fees for services (non-employees).				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	2619	2619	0	0
d	Lobbying	0	0	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	878	0	0	878
ģ	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.) .	7744	7744	o	0
12	Advertising and promotion	215	129	43	43
13	Office expenses	7759	6339	950	470
14	Information technology	3953	3122	417	414
15	Royalties	0	0	0	0
16	Occupancy	4394 4368	4364 4150	15 218	15 0
17 18	Travel	4300	4130	210	
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20 21	Interest	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	5767	5536	142	89
24	Other expenses. Itemize expenses not covered			c	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			Î	
	(A) amount, list line 24e expenses on Schedule O.)				
a	Education program materials	13211 320	13211	95	0
b	Dues and subscriptions Taxes paid	12	150	12	75
d		12	0		
e	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24e	195638	177833	10848	6957
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    If following SOP 98-2 (ASC 958-720)   If the organization is the organization of the organization is the organization of the organization is the organization of the organiz				

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . Savings and temporary cash investments . . . . . Pledges and grants receivable, net . n n Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . n n Assets Notes and loans receivable, net . . . . Inventories for sale or use . . Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c Less: accumulated depreciation . . . 10b Investments—publicly traded securities o Investments—other securities. See Part IV, line 11 . n Investments—program-related. See Part IV, line 11 Intangible assets . . . . . . . . . . . . . . . . Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . Grants payable . . . . . . . ō Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 히 n Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 237780 27 Temporarily restricted net assets . . Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Total net assets or fund balances . . . . . .

Total liabilities and net assets/fund balances . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

rm 99	00 (2013)			Pa	ge <b>12</b>
art	XI Reconciliation of Net Assets		·		_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0444
2	Total expenses (must equal Part IX, column (A), line 25)	2		19	95638
3	Revenue less expenses Subtract line 2 from line 1	3		1	4806
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		26	7630
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			•	
	33, column (B))	10		28	32436
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the guidit, review, or compilation of its financial statements and coloction of an independent accounts.	untant?	١ 🕳		

If the organization changed either its oversight process or selection process during the tax year, explain in

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

Form **990** (2013)

3a

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	aco Education					E	Employer id		n number 36047		
			rite Status (All organ	nization	n must o	omplete	this par	t \ Soo !!				
	organization is not	a private founda	rity Status (All organition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		אוס.		
1			nes, or association of <b>170(b)(1)(A)(ii).</b> (Attac			ea in <b>sec</b>	tion 170(	(D)(1)(A)(I)	).			
2 3			spital service organiza			section 1	70(b)(1)(	Δ\/iii).				
4			on operated in conjunc						D(b)(1)(A)	(iii). Ente	r the	
•	_	e, city, and state								` .		
5		n operated for the normal of t	the benefit of a collect plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernmen	tal unit d	escrib	ed in
6 7	An organization	n that normally	nment or governmenta receives a substantia <b>(A)(vi).</b> (Complete Par	l part of					nt or fron	n the ger	neral p	oublic
8			n section 170(b)(1)(A)		nolete Pa	rt IL)						
9	_		receives: (1) more that				m contri	butions.	members	ship fees	and	aross
Ĭ	receipts from support from	activities related gross investme	to its exempt function income and unrelifter June 30, 1975. Se	ions—sul lated bus	bject to c siness tax	ertain ex xable ind	ceptions come (les	s, and (2) ss sectio	no more	e than 33	31/3%	of its
10	An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).			
11			nd operated exclusive									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated											
е	☐ By checking the	nis box, I certify	that the organization	ıs not co	ntrolled d	lirectly or	ındırectl	y by one	or more	disqualif	ed pe	rsons
			ers and other than one	e or more	e publicly	support	ed organ	izations o	described	l in section	on 509	9(a)(1)
	or section 509			_			_					
f			a written determination	on from	the IRS t	that it is	а Туре	I, Type	II, or Typ	oe III sup	porti	ng
								، مطلم کم			•	
g	•		he organization accer	oted any	gitt or co	ontributio	n from a	iny or the	<del>)</del>			
	following pers		ndirectly controls, eith	hor along	or togot	hor with	noreone	describe	dun (u) a	nd	Yes	No
			ody of the supported			ilei willi	persons .	uescribe.	u III (II) a	11g(i	+	110
	• •		on described in (i) abo	-						11g(ı	1	-
	• • •	•	a person described in		ahove?					11g(iii		
h			on about the support							· · · •	<u> </u>	
	Name of supported	(n) EIN	(iii) Type of organization		organization	T	ou notify	(vi)	ls the	(vii) Amou	nt of me	onetary
• • •	organization		(described on lines 1–9		sted in your document?		nization in of your		tion in col ized in the	S	upport	
			above or IRC section (see instructions))	governing	occament		port?		S ?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)											_	
(C)												
(D)												
(E)		_										



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		·	L	l <u>—</u> .		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	•			-	ear as a section	on 501(c)(3)
04	organization, check this box and stop he		· · · ·	<del></del>	• • • •	•	· • • <u> </u>
	on C. Computation of Public Suppor			Id column (6)		144	
14 15	Public support percentage for 2013 (line of Public support percentage from 2012 Sci					15	<u>~_</u> %
	331/3% support test—2013. If the organi						
	box and <b>stop here</b> . The organization qua						▶ □
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did n	ot check a box	x on line 13 o		e 15 is 33 <sup>1</sup> /3%	or more, . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	-and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" stances" test. 1	test, check the organization	his box and ston qualifies as	i, and line top here. a publicly
18	Private foundation. If the organization di instructions	d not check a		3, 16a, 16b, 17a	a, or 17b, ched	ck this box and	see . ▶ □

### 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.)

C4:	if the organization fails to quality	under the tes	sis listed beid	w, please co	mpiete Part ii	·)	
	on A. Public Support	(a) 0000	(h) 0010	(2) 0044	(4) 0040	(a) 0040	(A) T-+-
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	100744	101070	100040	450004	100000	7.40000
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise	130744	131372	128240	158334	198233	746923
2	sold or services performed, or facilities						
	furnished in any activity that is related to the	İ					
	organization's tax-exempt purpose	10011	11294	12670	8927	15373	58275
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	o	o	o	0	0
4	Tax revenues levied for the			-		<del></del>	<del></del>
•	organization's benefit and either paid						
	to or expended on its behalf	اه	o	0	0	0	0
-	· · · · · · · · · · · · · · · · · · ·	<del>-                                    </del>	<u>-</u>		<del></del> -	<del>-                                    </del>	<u>~</u>
5	The value of services or facilities				1		
	furnished by a governmental unit to the	0000	40000	40000	40000	10000	54000
	organization without charge	6000	12000	12000	12000	12000	54000
6	Total. Add lines 1 through 5	146755	154666	152910	179261	225606	859198
7a	Amounts included on lines 1, 2, and 3			ļ			
	received from disqualified persons	8558	4483	7053	8783	4114	32991
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	0	0	0	0	0	0
С	Add lines 7a and 7b	8558	4483	7053	8783	4114	32991
8	Public support (Subtract line 7c from						
	line 6)						826207
Secti	on B. Total Support						<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	146755	154666	152910	179261	225606	859198
10a	Gross income from interest, dividends,	_				<del></del>	
	payments received on securities loans, rents,		i	i			
	royalties and income from similar sources	448	1548	2073	2984	3830	10883
	Unrelated business taxable income (less						10000
b	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0				0
	· •			0	0	0	
	Add lines 10a and 10b	448	1548	2073	2984	3830	10883
11	Net income from unrelated business			Ì	Ì		
	activities not included in line 10b, whether	_	_	_	_	_	_
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or			j	1		
	loss from the sale of capital assets		1	}	j		
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,		I	$\neg$	$\exists$		
	and 12.)	147203	156214	154983	182245	229436	870081
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
organization, check this box and stop here							
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2013 (line 8	3, column (f) di	vided by line 1	3, column (f))	•	15	95 %
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15			16	95 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2013 (	ine 10c, colum	in (f) divided by	y line 13, colum	nn (f))	17	13 %
18	Investment income percentage from 2012				• • • •	18	09 %
19a	331/3% support tests-2013. If the organi					ore than 331/3%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz		-	· ·		_	
~	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						

# SCHEDULE I (Form 990)

1

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection
Employer identification number

Asomb	Asombro Institute for Science Education							850386047
Part	General Information on Grants and Assistance	on Grants and	Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to sub	stantiate the amou	int of the grants or	assistance, the gi	rantees' eligibility for	r the grants or assistan	
	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · · · · · · · · · · · · · · · ·
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedui	es for monitoring	the use of grant fur	nds in the United	States.		
Part	Grants and Other Assistance to Governme Part IV, line 21, for any recipient that received	ssistance to Go y recipient that	wernments and received more the	Organizations i	in the United St	nts and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed	the organization ans pace is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
(a)	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Oft	(1) Otero Soil & Water Cons District	850382745	State of NM	6250	0			Buses for student field trips
(2) Pa	(2) Paleozoic Trackways Fndn	205797837	501(c)(3)	2500	0			Buses for student field trips
(3)								
<b>(4)</b>								
(2)								
9								
6								
(8)								
(6)								
(10)								
(11)								
(12)								
0 0	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	renment organization to the line 1 table	organizations listed in the line 1 table le 1 table	ne 1 table			0
For Pag	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Cal	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

`)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) 0 (d) Amount of non-cash assistance 1000 9 9 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 9 9 5 1 Stipends for Real World Real Science participants (a) Type of grant or assistance 3 Stipends for carbon cycle workshop 2 Stipends for biodiversity workshop

Grants to governements and organizations - Annual reports are required that explain accomplishments and use of funds Funds were distributed to organizations who participated in the development Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV ဖ

0

200

က

4 Desert Data Jam teacher stipends

5 Desert Data Jam awards

100 - 500

ဖ

Grants to individuals - Stipends are given to teachers who participate in workshops and other education programs. Completion of required tasks is monitored in person by Asombro staff members

of the Take it Outside, New Mexico program (for which funds must be used)

Schedule I (Form 990) (2013)

#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number					
Asombro Institute for Science Education	850386047					
Filing date - Asombro received a three-month filing extension which allowed us to get final balances on invest	ment accounts before completing 990					
Part VI, Section A, Lines 6 and 7 - As stated in the Asombro Institute for Science Education bylaws, members	hip is open to all individuals according					
to dues determined by the Board of Directors (currently, a donation of \$5 or more per year) Each member is a	entitled to one vote on each matter					
submitted to a vote of the members. This includes election of Board members, voting on proposed slate of off	cers, and any changes to the Bylaws					
of the organization. Annual meetings of the membership are held in the first quarter of each calendar year						
Don't VI. Control D. Line 44th. Don't receive a received of with a three or plantage of the control of the cont	h					
Part VI, Section B, Line 11b - Board members were provided with either an electronic copy or a hard copy of t	nis Form 990 one week prior to					
submission						
Part VI, Section B, Line 12c - The Board of Directors and Executive Director review compliance with the conflict	ct of interest policy Each year, staff					
mombars and Dacad mombars and and arms a new state relian						
members and Board members read and sign a new copy of the policy						
Part VI. Saction C. Line 19. Governing decriments, conflict of interest policy, and financial statements are give	on upon request to notential fundare					
Part VI, Section C, Line 19 - Governing documents, conflict of interest policy, and financial statements are give	en apon request to potential funders					
and others						