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

OMB No. 1545-0047

2014

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.

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

Open to Public Inspection

Α	For the	2014 calendar year, or tax year	beginning	, 2014, a	nd ending			, 20	
В	Check r	applicable: C Name of organization	Asombro Institute for Science E	ducation			D Employ	er identification ni	ımber
$\Box$		change Doing business as						85-0386047	
Ξ			P O. box if mail is not delivered to st	treet address)	Room/suite	1	E Telepho	ne number	
님	Name c	DO Day 004	- C. DOX II Mail is not delivered to st	reet address)	i 100mbane	I.	L relepito	575-524-3334	
닏	Initial re							373-324-3334	
Ш	Final retu	To terminated	rovince, country, and ZIP or foreign	postal code					
	Amende	ed return Las Cruces, NM 88004	4-0891				G Gross re	eceipts \$	245607
	Applica	ion pending F Name and address of p	orincipal officer: Justin Van Zee			H(a) Is this a gro	up return for	subordinates? Tyes	₩ No
	• • • • • •	Same as C above						s included? Tyes	
_	Tay av	mpt status 501(c)(3)	501(c) ( ) ◀ (insert no )	4947(a)(1) or				a list (see instructio	
<u>-</u> -	Websit			□ 4547(a)(1) OI 1		┪		-	,
<u></u>		·· <u>·</u> ·····		<del></del>		H(c) Group 6		•	NM
K		organization 🗹 Corporation 🔲 Trust	Association Other ▶	L Yea	r of formation	n. 1990	M State	of legal domicile:	IAIAI
Ŀ	art I	Summary							
	1	Briefly describe the organizat	ion's mission or most signifi	icant activities:	The Asor	nbro institute	for Scie	nce Education is	
8	1	dedicated to increasing science I	literacy by fostering an understa	inding of the Chih	iuahuan De	sert We pro	vide hani	ds-on, inquiry-ba:	sed
ğ		education programs in classroom	ns, schoolyards, and outdoor ve	nues like the Chi	huahuan De	esert Nature	Park		
Activities & Governance	2	Check this box ▶☐ if the org	anization discontinued its o	perations or dis	sposed of	more than	25% of	its net assets	
ð	3	Number of voting members of	=	•	-		3		6
G	3		• • • • • • • • • • • • • • • • • • • •	•			-		$\frac{3}{6}$
ŝ	4	Number of independent votin	· ·		-		4		
.≗	5	Total number of individuals e		)14 (Part V, line	· 2a) .		5		5
≨	6	Total number of volunteers (e	estimate if necessary)				6		100
¥	7a	Total unrelated business reve	enue from Part VIII, column (	C), line 12 .			7a		0
	Ь	Net unrelated business taxab	le income from Form 990-T	. line 34			7b		0
_	1			,		Prior Yea	er .	Current Ye	ear
	8	Contributions and grants (Par	rt VIII. line 1h)				198233		194708
9		•		6308		8588			
ē	9	Program service revenue (Par							
Revenue	10	Investment income (Part VIII,		3654		5054			
_	11	Other revenue (Part VIII, colui	mn (A), lines 5, 6d, 8c, 9c, 1	0c, and 11e) .			2249		643
	12	Total revenue - add lines 8 thr	ough 11 (must equal Part VII	I, column (A), lir	ne 12)		210444		208993
	13	Grants and similar amounts p	paid (Part IX, column (A), line	es 1–3)			28500		4765
	14	Benefits paid to or for member		0		0			
<b></b>	1 4-	Salaries, other compensation,		115898	-	136068			
Š	16a	Professional fundraising fees			· · · · · · ·	0			0
듵	l loa				· ·				
Expenses	b	Total fundraising expenses (F			·		51040		45000
	17	Other expenses (Part IX, colu	ima-(A), lines 1 1,2-77/65 1 11+2	34 <b>9</b> ) · · ·	· ·  _		51240		45298
	18	Total expenses. Add lines 13	317 (must equal Part IX, cell	umn (A), line 25	i)		195638		186131
·	19	Total expenses. Add lines 13 Revenue less expenses. Sup-	tract line 18 from line 12	. <b>\</b>			14806		22862
b 5	8	ľ	OGDEN, OGDEN,			ginning of Cur	rent Year	End of Ye	ar
ssets or	20	Total assets (Part X, line 16)	100		$ abla$		282436		305298
ASS.	21	Total liabilities (Part X, line 26	3		🗀		0		0
Net As	22	Net assets or fund balances.		n	· · · <del> -</del>		282436		305298
_	art II	Signature Block	Cabildet inte 21 from inte 24	<del></del>	• • •			l	
_			<del></del>						
		atties of perjury, I declare that I have ex ct, and complete Declaration of prepare						my knowledge and	belief, it is
		A direction property	M 2		оп рторалог п	1			
٠.		- Int	1 Val N					ine 2015	
	gn	Signature of officer		1 01	1 ()	Dat	е		
He	ere	Vust	in Van tee Preside	nt of Boar	dot D	trectors			
		Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date	)	Chaste	PTIN	
	aid						Check self-em		
	repar	1			L_	<b>.</b>	<u> </u>	· /	
U	se On			-			's EIN ▶		
14	ا معالم بره	Firm's address	and the same of th	- in admirable \		] Phor	ne no.	<del></del>	
_	<del></del>	RS discuss this return with the	<del></del>	e instructions)	· · ·	· · · <u>· · · · · · · · · · · · · · · · </u>		· · · Yes	
Fo	r Paper	work Reduction Act Notice, see	the separate instructions.		Cat No	11282Y		Form S	990 (2014)

1 100

_		<del>ye =</del>
Part		一
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	The Asombro Institute for Science Education is dedicated to increasing science literacy by fostering an understanding of the Chihuahuan	
	Desert. We provide hands-on science education programs in schoolyards, classrooms, and at the organization's Chihuahuan Desert	
	Nature Park.	
	Did the average ties undertake any significant program convers during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ما
	prior Form 990 or 990-EZ?	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-	services?	40
	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	l by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,
	the total expenses, and revenue, if any, for each program service reported.	
	(O 1 ) (F A 142227 : I	
4a	(Code: ) (Expenses \$ 143327 including grants of \$ 4765 ) (Revenue \$ 8588 )  Provided hands-on science education programs (field trips, classroom programs, schoolyard ecology projects, teacher workshops, and public	c
	education events) to 17,884 students, 637 teachers amd 1,069 other adults)	
	20044	
4b	(Code: ) (Expenses \$\frac{20944}{20944}\] including grants of \$\frac{0}{20944}\] ) (Revenue \$\frac{0}{20944}\] Maintained and improved the organization's 935-acre Chihuahuan Desert Nature Park, which serves as a site for science education program	16
	and outdoor learning opportunities	
	(Code: ) (Expenses \$ 5095 including grants of \$ ) (Revenue \$ 0)	—
~	Published and distributed four issues of an informational and educational newsletter to 500 individuals and businesses	
	·	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 169366	

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	4	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<b>*</b>
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		<b>→</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>*</b>
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		<b>✓</b>
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		<b>✓</b>
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		<b>~</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		<b>*</b>
	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>
	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		<b>/</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<b>/</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>&gt;</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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>4</b>
14 a		14a		<u> </u>
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		•
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		1
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		<b>4</b>
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		<b>/</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		4
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	n <b>990</b>	(2014)

Part	Checklist of Required Schedules (continued)			
	Division 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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		•
	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		<b>y</b>
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), 501(c)(4), and 501(c)(29) 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 "Yes," 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 filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>V</b>
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</i> "Yes," complete Schedule R, Part VI	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	<del></del>
2a	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		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	•	
За	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Ť
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Ý	,	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	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	- Va		
_	gifts were not tax deductible?	6b		ĺ
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			ĺ
	and services provided to the payor?	7a		•
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<b>~</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		<del></del>
	sponsoring organization have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			$\overline{}$
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	,		ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			ĺ
a b	Gross income from members or shareholders			
D	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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			· · · · · · · · · · · · · · · · · · ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	, aan	(2014)
		FOIT		(CU14)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	ee ins		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<del></del>		
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 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>1a</b> 6		163	No
b 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		•
3	Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors, or trustees, or key employees to a management company or other		3		•
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?		5	<b>V</b>	1
7a	Did the organization have members, stockholders, or other persons who had the power to e one or more members of the governing body?		7a	•	
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	•	
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken during	0-		
a b	The governing body?		8a 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9	0 0/0 1	1
Secu	on B. Policies (This Section B requests information about policies not required by the	internal Heven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempton of the control of th		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	4	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done	olicy? If "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		13	1	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		14	•	
а	The organization's CEO, Executive Director, or top management official		15a		<b>•</b>
b	Other officers or key employees of the organization		15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or simil	ar arrangement			
	with a taxable entity during the year?		16a	ļ	<b>*</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► New Mexico  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar  available for public inspection. Indicate how you made these availableCheck all that apply	nd 990-T (Section	501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sch. Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	,	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization in care of Asombro Institute for Science Education, 401 E. College Dr., Las Cruces, NM 88001 575-524-3		cords	:▶	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization r	nor any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
					C)					
(A)	(B)	,		Position neck more than one				(D)	(E)	(F)
Name and Title	Average					ınan e ıs both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and a director/trustee)					compensation from	compensation from related	amount of other
	hours for	유교	l Si	Officer	6	흵픓	Former	the	organizations	compensation
	related	Individual trustee or director	<del>E</del>	ը	Key employee	ploy	) mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	or in	) ña		탕	8 8	'	(W-2/1099-MISC)		organization and related
	line)	rust	1 2		8	npe			1	organizations
		8	Institutional trustee			Highest compensated employee				
tas histin Van Zoo	7									
(1) Justin Van Zee President	<del></del> }	_م. ا		م. ا				0		o
(2) Mary Beth Harper	5	~	$\vdash$	~	╁	$\vdash$	$\vdash$	+	<del>                                     </del>	
Vice President		•		~			•	0	۰ ا	d
(3) Mark Sechrist	6	-	<del>                                     </del>	-	_		$\vdash$	<del> </del>	-	
Secretary		•						0	0	d
(4) Donna Yargosz	6	<u> </u>	1	Ť	<del> </del>	-		<del>  -                                   </del>		
Treasurer		1		1	İ			l 0	0	a
(5) Eugene Gant	5	Ť		Ť						
Board member		•						0	0	d
(6) Gilbert Tellez	5			<b></b>	Г		<u> </u>			
Board member	<del> </del>	1				i		0	0	d
(7) Stephanie Bestelmeyer	15						İ			
Executive Director		1			•			18142	0	C
(8)										
(9)			-				<u> </u>			
				<u> </u>			_			
(10)		ł								
(11)		-								
(12)			<del>                                     </del>							
(13)			$\vdash$	┼-	$\vdash$		-		_	
3£		1								
(14)					Ì					
		1								

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinue	ed)		
					•	<b>)</b>								
	(A)	(B)	///	at ah		ition	than o	200	(D)	(E)		(1	F)	
	Name and title	Average					is both		Reportable	Reportable	•	Estin	nated	
		hours per					or/trust		compensation	compensation	from		unt of	
		week (list any hours for	익코	ű	Ş	~	e i	77	from the	related organization	ns		her Insation	
		related	말	1	Officer	<u>9</u>	ple gege	Former	organization	(W-2/1099-M			n the	
		organizations	ctal	ᅙ		륄	st co	*	(W-2/1099-MISC)				ization	
		below dotted line)	ੋੜੋ	a		Key employee	ğ						elated zations	
		11.10)	Individual trustee or director	Institutional trustee	1	o o	ens					0.9		
				8			Highest compensated employee							
(4.5)				-				╁	<del>                                     </del>		-			
(15)		<b></b>	ł											
(4.0)			-		$\vdash$	_	<del> </del>	┢	<del>                                     </del>		-			
(16)		<b></b>	-											
		_	-		-			⊢	ļ					
(17)		ļ	1											
					ļ.,	_		ļ						
(18)		<b></b>												
			ļ	╙		_		$oxed{oxed}$			<u></u>			
(19)				1										
						L								
(20)			]								1			
			]											
(21)														
3	<u></u>	<b>+</b>	1			ĺ				i	İ			
(22)					<u> </u>					<u> </u>				
S <del></del> 2		†	1								- 1			
(23)			<u> </u>			T	1		1			-		
1201		<del>†</del>	1							ļ				
(24)			<u> </u>	$\dagger$		<del> </del>		╅╴	-				· -	
(24)		<del> </del>	1				ļ							
(OE)			<del>                                     </del>			$\vdash$	<b>†</b>	$\vdash$	<del> </del>	-				-
(25)		<del></del>	1							ļ				
-45	Out total	<u>L</u> .		}		J		┶	18142		0			0
1b	Sub-total			•	•	•			0		0			
c	Total from continuation sheets to Part			٠	•	٠	• •		18142	ļ	0			0
d		<u></u>												
2	Total number of individuals (including bu			nose	e lis	ted	abov	e) v	vho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	ization ► 0	<u> </u>											
										_			Yes	No
3	Did the organization list any former of												ļ	
	employee on line 1a? If "Yes," complete											3		<u> </u>
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	on a	and other comp	pensation fro	om the			
	organization and related organizations	greater th	ıan \$	150	,000	)? [	f "Ye	es, "	complete Scl	nedule J fo	r such			
	ındıvidual											4		<b>/</b>
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hed	ule J	for	such person			5		<b>/</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ted in	dep	enc	lent	cont	ract	tors that receiv	ed more tha	n \$100	,000 of		
	compensation from the organization. Re													x
	year.													
	(A)	·						Т	(B)			(C)		
	Name and business add	dress							Description of	services		Compens	ation	
None.								T		· · · · · ·				
	<u> </u>	<u> </u>				_		┿						
								+			-	•		
								+			_			
								+						
	Total number of independent contract	oro (includi	ina b		204	lum:	+04 +	<u> </u>	hase listed at	יטיטן יייף				
2	received more than \$100,000 of compen							υí	nose listed ab	VVE) WITO				
	received indre man prod,000 or compen	isalion non	י נווס (	nya	11140	<b>ALIUI</b>	-		U					

Part	VIII	Statement of Reve							_
1		Check if Schedule O	contains	a resp	oonse or note to	(A) Total revenue	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
1							revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a	0				
Sra Ou	b	Membership dues .		1b	0				
S, ( Am	С	Fundraising events .		1c	9238				
a Signal	d	Related organizations		1d	0				
is,	е	Government grants (con	tributions)	1e	57000				
ion r.S	f	All other contributions, gi	fts, grants,						
출출		and similar amounts not incl	luded above	1f	128470				
5 G	g	Noncash contributions includ	led in lines 1a	-1f: \$	0				
နှင့်	h	Total. Add lines 1a-1	f		🕨	194708			
					Business Code				
le l	2a	Education programs			611600	8588	8588	0	0
æ	b								
<u>8</u>	ြင								
ξ	d								
Program Service Revenue	e							<del></del>	
g	f	All other program sen	rice revenu	 .e .		0			
<u>م</u>	g	Total. Add lines 2a-2			•	8588			
	3	Investment income							
	_	and other similar amo				4756	o	0	4756
	4	Income from investment			<u> </u>	0	0	0	0
	5				· · ·	0	0	0	0
		rioyanics	(i) Real	•	(II) Personal				
	6a	Gross rents	.,	0	0				
	b	Less: rental expenses		0	0				
	1	Rental income or (loss)		0	0		1		
	C	Net rental income or (	loco)			o	o	0	0
	d 7a	Gross amount from sales of	(i) Securit		(II) Other		<u> </u>		
	/a	assets other than inventory	.,	23401	(ii) Outer				
		· ·		23401					
	b	Less: cost or other basis and sales expenses .		23103					
	_	·		298		•			
	C	Gain or (loss)				200		0	200
	d	Net gain or (loss) .			· · · · <b>&gt;</b>	298	0	0	298
/enne	8a	Gross income from fu events (not including \$		38					
Other Rev		of contributions reported See Part IV, line 18			13105				
the	"	Less: direct expenses		-	12748				
Ò		Net income or (loss) fi				357		0	357
		Gross income from ga			events . P				
		See Part IV, line 19 .			o				
	ь	Less: direct expenses							
	C	Net income or (loss) fi				اه	o	0	0
	_	Gross sales of in	_	_	VIGOS P				
	104	returns and allowance			490				
				_	204		İ		
	b	Less: cost of goods s				286	286 l	0	^
	<u>⊢-</u> -	Net income or (loss) f		oi inve	Business Code	200	200		0
		iviscellaneous H			Dusilless Code	ļ			,
	11a					-			
	b								
	С				ļ				
	d	All other revenue .			L				
	е	Total. Add lines 11a-			🟲	0			
	112	Total revenue See in	netructions		<b>▶</b>	208993	8874	0	5411

## 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 respons				
Do no	t include amounts reported on lines 6b, 7b,	_ (A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	_	expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1250	1250		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3515	3515		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				*
	individuals. See Part IV, lines 15 and 16	0	o		*
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	18142	13607	2721	1814
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	107337	98267	5746	3324
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	218	218	0	0
10	Payroll taxes	10371	9110	836	425
11	Fees for services (non-employees):	_		_	_
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	2915	2915	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	1403	0	0	1403
9	Other. (If line 11g amount exceeds 10% of line 25, column	9161	0161	0	0
	(A) amount, list line 11g expenses on Schedule O.)	8161 70	8161	0	0
12	Advertising and promotion	7750	6320	909	521
13	Office expenses	463	357	53	53
14	Information technology		00/	0	
15	Royalties	2241	2209	16	16
16 17	Occupancy	4718	4482	236	0
18	Payments of travel or entertainment expenses	17.10	1102		
10	for any federal, state, or local public officials	o	اه	o	0
19	Conferences, conventions, and meetings .	- 0	0	0	0
20	·	0	0	0	0
21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	5886	5632	148	106
24	Other expenses. Itemize expenses not covered			,	
	above (List miscellaneous expenses in line 24e. If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	ļ			
а	Education programs materials	11670	11670	0	0
b	Taxes paid	21	0	21	0
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	186131	167755	10700	7676
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				
	following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2014)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u></u> 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	147017	2	169163
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	0	4	0
Assets	5	Loans and other receivables from current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	0	5	0
	6	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			- 0
set	7	Notes and loans receivable, net	0	7	0
Asi	8	Inventories for sale or use	1211	8	557
•	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			y
	b	Less: accumulated depreciation 10b	0	10c	0
ı	11	Investments—publicly traded securities	125508	11	128853
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	, 0
	15	Other assets. See Part IV, line 11	8700		6725
	16	Total assets. Add lines 1 through 15 (must equal line 34)	282436	16	305298
_	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	_	0
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		
<b>/</b> A	l	Loans and other payables to current and former officers, directors,	<u></u>		
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	<b>o</b> `
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26		0	26	0
es	20	Total liabilities. Add lines 17 through 25			
Š	27	Unrestricted net assets	249912	27	272306
<u>a</u>	28	Temporarily restricted net assets	0	28	0
<b>4</b> B	29	Permanently restricted net assets	32524	29	32992
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		23	
ţŞ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ě	33	Total net assets or fund balances	282436	33	305298
~	34	Total liabilities and net assets/fund balances	282436	34	305298

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08993
2	Total expenses (must equal Part IX, column (A), line 25)	2			86131
3	Revenue less expenses. Subtract line 2 from line 1	3		:	22862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	82436
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3	05298
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>
				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	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	┿	<b>1</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ibiled (	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		4
	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:				Ì
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the soulist review of an independent conditions of the soulist review of an independent conditions of the soulist review of the soulist revie	-			
	of the audit, review, or compilation of its financial statements and selection of an independent acco			+	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	ın		
	Schedule O.		.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	torth	i i		1
	the Single Audit Act and OMB Circular A-133?		·   3a	<del> </del>	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		<u> </u>
			Fo	m <b>99</b> (	(2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Name of the organization

## **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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Ason	sombro Institute for Science Education 85-0386047								
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section	170(b)(1)(A)(ii). (	(Attach Schedule E.)						
3	☐ A hospital or a cooperative hos	pital service org	janization described ii	n section	170(b)(1	)(A)(iii).			
4	A medical research organizatio	n operated in co	onjunction with a hosp	ital desc	ribed in <b>s</b>	ection 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state	): 							
5	☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	<b>section 170(b)(1)(A)(iv).</b> (Comp	olete Part II.)							
6	A federal, state, or local govern	ment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).			
7	☐ An organization that normally	receives a subst	tantial part of its sup	port from	a gover	nmental unit or fron	the general public		
	described in section 170(b)(1)	( <b>A)(vi).</b> (Complet	e Part II.)						
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An organization that normally i	receives: (1) mo	re than 331/3% of its	support f	rom con	tributions, members	hip fees, and gross		
	receipts from activities related								
	support from gross investmen	nt income and	unrelated business t	taxable ir	ncome (l	ess section 511 ta	x) from businesses		
	acquired by the organization at	fter June 30, 197	75. See <b>section 509(</b> a	<b>)(2).</b> (Cor	nplete Pa	art III.)			
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> i	ion 509(a)(4).			
11	☐ An organization organized and o						out the purposes of		
	one or more publicly supported								
	the box in lines 11a through 11c	that describes t	the type of supporting	organizat	ion and o	complete lines 11e, 1	1f, and 11g.		
а	■ Type I A supporting organiza	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving		
	the supported organization(s)	the power to re	gularly appoint or ele	ct a majo	rity of the	e directors or trustee	es of the supporting		
	organization. You must com	plete Part IV, S	ections A and B.						
b	Type II. A supporting organiz	ation supervised	d or controlled in cont	nection w	ith its su	pported organization	n(s), by having		
	control or management of the	e supporting org	janization vested in th	e same p	ersons th	nat control or manag	ge the supported		
	organization(s). You must co	mplete Part IV,	Sections A and C.						
c							y integrated with,		
	its supported organization(s)	(see instructions	s). You must comple	te Part IV	, Section	ns A, D, and E.			
d									
	that is not functionally integra	-	-	-		·	an attentiveness		
	requirement (see instructions	). You must cor	mplete Part IV, Secti	ons A an	d D, and	Part V.			
e	<del>-</del>						I, Type III		
	functionally integrated, or Type	pe III non-functio	onally integrated supp	orting or	ganizatio	n.			
f	Enter the number of supported of	-							
6	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of		
			(described on lines 1-9 above or IRC section	docui		instructions)	other support (see instructions)		
	1		(see instructions))	<del></del>					
				Yes	No				
(A)									
(B)									
			-	<del> </del>					
(C)									
				<del>                                     </del>					
(D)		,							
_									
(E)									
				-					
		,	1			i			

Schedu	lle A (Form 990 or 990-EZ) 2014						Pa	age 2
Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu		
Secti	Part III. If the organization fails to ion A. Public Support	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	idar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Tota	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2010	(3) 2011	(0) 2012	(4) 2010	(6) 2017	(I) Tota	<u> </u>
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.							
	ion B. Total Support							
_	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	<u>ıl</u>
7	Amounts from line 4						ļ <u>.                                    </u>	
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 VI.)							
11	Total support. Add lines 7 through 10	<u>.</u> .			<u> </u>			
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the							
<u>C+</u>	organization, check this box and stop he			• • • • •			· · <u>-</u>	· 📙
14	ion C. Computation of Public Suppor Public support percentage for 2014 (line 6			1 column (fl)		14		%
15	Public support percentage from 2013 Sch		•			15		<del>//</del>
16a	331/3% support test—2014. If the organization						heck this	
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			▶	
b	331/3% support test—2013. If the organ check this box and stop here. The organic					• 15 is 33 <sup>1</sup> /3%	or more,	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> I	Explain in	
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat	ion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and <b>st</b>	op here.	
	Explain in Part VI how the organization m supported organization					n qualifies as a	a publicly ►	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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.)

000	A. Public Support						
Calenda	r year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gi	ifts, grants, contributions, and membership fees						
	ceived. (Do not include any "unusual grants.")	131372	128240	158334	198233	194708	810887
	ross receipts from admissions, merchandise						
	old or services performed, or facilities in any activity that is related to the						
	rganization's tax-exempt purpose	11294	12670	8927	15373	9078	57342
	ross receipts from activities that are not an						
un	nrelated trade or business under section 513	0	0	0	0	0	0
	ax revenues levied for the						
	rganization's benefit and either paid						
	or expended on its behalf	0	0	0	0	0	0
	he value of services or facilities						
	urnished by a governmental unit to the	10000	40000	10000	10000	10000	
	rganization without charge	12000	12000	12000	12000	18000	66000
	otal. Add lines 1 through 5	154666	152910	179261	225606	221786	934229
	mounts included on lines 1, 2, and 3	4483	7053	8783	4114	7552	31985
	eceived from disqualified persons .	4463	7055	8783	4114	7552	31905
	mounts included on lines 2 and 3	İ					
	eceived from other than disqualified ersons that exceed the greater of \$5,000						
	r 1% of the amount on line 13 for the year	اه	o	o	اه	0	0
	dd lines 7a and 7b	4483	7053	8783	4114	7552	31985
	ublic support (Subtract line 7c from			-			
	ne 6.)	·					902244
Section	B. Total Support	<u> </u>					
Calenda	r year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 A	mounts from line 6	154666	152910	179261	225606	221786	934229
<b>10a</b> G	ross income from interest, dividends,					İ	
•	ayments received on securities loans, rents,						
	oyalties and income from similar sources .	1548	2073	2984	3830	4756	15191
	Inrelated business taxable income (less						
	action 511 tayee) trom businesses l						
	ection 511 taxes) from businesses	أم	^	ام	ام	ام	^
ac	cquired after June 30, 1975	0	0	0	0	0	15101
ac c A	cquired after June 30, 1975	0 1548	0 2073	0 2984	0 3830	0 4756	15191
c A	cquired after June 30, 1975		_				
c A 11 N	cquired after June 30, 1975	1548	2073	2984	3830	4756	15191
c Ad 11 No ad or	cquired after June 30, 1975		_				
c Ad 11 No ad or 12 O	cquired after June 30, 1975	1548	2073	2984	3830	4756	15191
c A 11 N ac or 12 O	cquired after June 30, 1975	1548	2073	2984	3830	4756	15191
c Additional Additiona	cquired after June 30, 1975	1548	2073	2984	3830	4756	15191
c Additional Additiona	cquired after June 30, 1975	1548	2073	2984	3830	4756	15191
c Addition of Addi	cquired after June 30, 1975	0 0 156214	2073 0 0 154983	2984 0 0 182245	3830 0 0 229436	4756 0 0 226542	0 0 949420
11 No according to the cordinate of the	cquired after June 30, 1975	1548 0 0 156214 ne organization re	2073 0 0 154983 's first, second	2984 0 0 182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756 0 0 226542	0 0 949420 n 501(c)(3)
11 No. 12 Oo loo (E 13 To an 14 Find Section	cquired after June 30, 1975	0 156214 ne organization re	2073 0 0 154983 's first, second	2984 0 0 182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756 0 0 226542 ear as a section	0 949420 1 501(c)(3)
11 No according to the control of th	cquired after June 30, 1975	0 156214 ne organization re	2073 0 0 154983 's first, second	2984 0 0 182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756 0 0 226542 ear as a section	0 949420 n 501(c)(3) . • □
11 No according to the control of th	cquired after June 30, 1975	1548 0 156214 ne organization re t Percentage 3, column (f) dinedule A, Part I	2073 0 0 154983 's first, second 	2984 0 0 182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756 0 0 226542 ear as a section	0 949420 1 501(c)(3)
11 No according to the control of th	cquired after June 30, 1975	1548  0  156214 ne organization re t Percentage B, column (f) divinedule A, Part I come Percer	2073  0  154983 's first, second of the seco	2984 0 0 182245 d, third, fourth 	3830 0 0 229436 , or fifth tax ye	226542 ear as a section	15191 0 949420 n 501(c)(3)
11 No according to the control of th	cquired after June 30, 1975	1548  0  156214 ne organization re t Percentage 3, column (f) dinedule A, Part I come Percer line 10c, colum	2073  0  154983 's first, second of the seco	2984  0  182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756 0 0 226542 ear as a section 	15191 0 949420 1 501(c)(3) . • □ 95 % 95 %
11 No accordance of the control of t	cquired after June 30, 1975	1548  0  156214 ne organization re rt Percentage 3, column (f) dinedule A, Part I come Percer line 10c, colum 3 Schedule A, F	2073  0  154983 's first, second of the seco	2984  0  182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756  0  226542 ear as a section	949420 1 501(c)(3)
11 No according to the control of th	cquired after June 30, 1975	1548  0  156214  ne organization  re  t Percentage  3, column (f) div  nedule A, Part I  come Percer  line 10c, colum  3 Schedule A, F  ization did not	2073  0  154983 's first, secondary	2984  0  182245 d, third, fourth	3830 0 0 229436 , or fifth tax ye	4756  0  226542 ear as a section  15  16  17  18  ore than 331/39	15191 0 949420 1 501(c)(3) 95 % 95 % 16 % 13 % 6, and line
11 No. 12 Oo loo (E 13 To an 14 Fi 15 P 16 P Section 17 In 18 In 19a 3	cquired after June 30, 1975	1548  0  156214  ne organization  re  t Percentage  3, column (f) div  nedule A, Part I  come Percer  line 10c, colum  3 Schedule A, F  ization did not  and stop here.	2073  0  154983 's first, second of the seco	2984  0  182245 d, third, fourth	3830  0  229436  or fifth tax ye   nn (f))  ad line 15 is ma publicly support	4756  0  226542 ear as a section  15  16  17  18  ore than 331/39 orted organization	15191  0  949420 n 501(c)(3) 95 %  95 %  16 % 13 % 6, and line on .
11 No. 12 Oo loo (E  13 To an  14 Fi  5ection  17 In  18 In  19a 3  1 b 3	cquired after June 30, 1975	1548  0  156214  ne organization  re  t Percentage  3, column (f) din  nedule A, Part I  come Percer  line 10c, colum  3 Schedule A, F  ization did not and stop here.  eation did not cl	2073  0  154983 's first, second of the seco	2984  0  182245 d, third, fourth	3830  0  229436  or fifth tax years  onn (f))  ond line 15 is ma publicly support  9a, and line 16	4756  0  226542 ear as a section  15  16  17  18  ore than 331/39 orted organizations more than 3	15191  0  949420 n 501(c)(3) .



### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

<u>Secti</u>	on A. All Supporting Organizations		1	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedu	le A (Form 990 or 990-EZ) 2014			age 5
Part	IV Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?	Γ"	Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Secti</u>	on B. Type I Supporting Organizations		V	<b>N</b> 1-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		,	·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the context</li></ul>	see in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All			
other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3	^				
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c	_				
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):		·				
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III supporti	ing organization (see			
instructions).	instructions).					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish		·			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted				
3	· · · · · · · · · · · · · · · · · · ·	inizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2014 from Section C, line 6	•				
10	Line 8 amount divided by Line 9 amount			-		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
_1_	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
a						
b						
c						
d						
е	From 2013					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u> _	Applied to 2014 distributable amount					
<u>    i                                </u>	Carryover from 2009 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			=		
4	Distributions for 2014 from Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		,			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		,			
8	Breakdown of line 7:					
a						
b						
С						
d	Excess from 2013					
е	Excess from 2014					

Part VI	Page 8  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
N/A	

#### 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.

2014

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

OMB No. 1545-0047

Name of the organization Asombro Institute for Science Education	Employer identification number 85-0386047
Filing date - We received a three-month filing extension which allowed us to get final balances on investments	prior to completing Form 990
Part VI, Section A, Lines 6 and 7 - As stated in the Asombro Institute for Science Education bylaws, membersi	nip 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 e	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 offi	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.	
Part VI, Section B, Line 11b - Board members were provided with an electronic copy or a hard copy of this For	rm 990 at least one week prior to
submission	······
Part VI, Section B, Line 12c - The Board of Directors and Executive Director review compliance with the confliction	ct of interest policy Each year, staff
members and Board members read and sign a new copy of the policy	
Part VI, Section C, Line 19 - Governing documents, conflict of interest policy, and financial statements are give	en upon request to potential funders
and others	
	·
······	
	·
	·····
<u></u>	
·····	