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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Α	For the 2	2018 cale	ndar year, or tax year b	eginning		, 2	:018, ar	nd endı	ng			, 20			
В	Check if a	pplicable	C Name of organization As	sombro Institut	te for Scienc	e Educatio	n			О	Employ	er identification nu	ımber		
	Address o	hange	Doing business as									850386047			
	Name cha	ange	Number and street (or P	O box if mail is no	ot delivered to	street address	s)	Room/si	uite	E	Telepho	ne number			
Ħ	Initial retu	-	PO Box 891									575-524-3334			
Ħ		 Aterminated	City or town, state or pro	vince, country, an	d ZIP or foreig	n postal code					0,0 02 1 000 1				
$\exists$	Amended		Las Cruces, NM 88004	-	Ū	•				G	Gross re	eceipts \$	400,764		
=												subordinates? Yes			
_	Applicatio	ar pending	Transaction and address or pro-		ustili vali Ze	e, same as		~	<i>7</i> I			s included? Ves	_		
_	Tau auam		<b>✓</b> 501(c)(3)	D 501(a) (	\ <b>d</b> (====	1047/-1/	(4) [	7 5 07	<del>~</del>	•		a list (see instructio			
<del>'-</del>	Tax-exem			501(c) (	) ◀ (insert no.	<u>,                                    </u>	(1) or <u>t</u>	52/7	-\/				,		
J	Website:	.,,,,,,	w asombro org  ✓ Corporation ☐ Trust [	Acceptation [	Other ▶	i I	I Van		_ · ·			number ►			
<u> </u>	art I	<u> </u>	<del></del>	Association [	Other P	1	L rear	of forma	ation:	1990	M State	of legal domicile	NM_		
	_	Summ	<del></del>	n'a miasian a	- maat alam	finant antu	utioni	The A			. 4a - C				
•	ł.		scribe the organization		_										
Activities & Governance			to increasing natural s												
raa			ased education program										ark		
Š			is box ▶ ☐ if the orga			-		posea	or mor	e than 2	1	its net assets			
Ö			of voting members of							•	3		6		
Š			of independent voting		_				)		4		6		
iție			nber of individuals em				V, line	2a) .		•	5		7		
츷			nber of volunteers (est		• •						6		80		
ĕ	7a 7	Fotal unre	elated business reven	ue from Part \	/III, column	(C), line 12	2				7a		0		
	1 d	Net unrel	ated business taxable	income from	Form 990-	Γ, line 38 <sup>*</sup>					7b		0		
										Prior Year		Current Ye	ar		
0	8 (	Contribut	tions and grants (Part	VIII, line 1h).	•	•		[		2	259762		255170		
Revenue	9 F	Program	service revenue (Part	VIII, line 2g)				[			9218		8670		
3	10 I	nvestme	nt income (Part VIII, c	olumn (A), line	s 3, 4, and	7d)		[			3091		11283		
	11 (	Other rev	enue (Part VIII, colum	n (A), lines 5,	6d, 8c, 9c, <sup>1</sup>	10c, and 1	1e) .	[			1239		38		
4	12	Total reve	enue-add lines 8 thro	ugh 11 (must e	equal Part V	II, column	(A), lin	e 12)		2	273310		275161		
<del>2</del>	1		nd similar amounts pa				<del></del>			-	18810		14700		
₫			paid to or for member		1	0			i						
=ೄ	l.			i–10)	16562				194147						
္မွန္	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  Professional fundraising fees (Part IX, column (A), line 11e)											0		
Nexbenses	t .		draising expenses (Pa					0							
孤			penses (Part IX, colum					······			75522		45028		
Z			enses. Add lines 13-1				ne Fel	VFI	)	-	259954		253875		
S C			less expenses. Subtra			1//1	<b>O</b> E-9/	·	28		13356		21286		
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ats o	20	Total ass	ets (Part X, line 16)		1	M API	R 22	2019	SS		323040		344326		
<u> </u>	۱ ـ -		ilities (Part X, line 26)						<u>&amp;</u>	<del>  `</del>	0	· ·	0		
<u> </u>	: 1		ts or fund balances. S		1 from line	n DG	DE	M, H	T	<del>}</del>	323040	<del></del>	344326		
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Siç	nn l	Sign	ature of officer							Date	11 /	pri auli			
-	ere	) Oign		ee P.	resident	- Rad	~ YN	المرم ما	165	Daio					
		Type	or print name and title	· · · · · · · · · · · · · · · · · · ·	CALMENC	120 44.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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Pa	iid	' '''' ' '	po proparer a name		a or o organization				uic		Check	<b>□</b> #			
Pr	eparer									<del></del> -	self-em	pioyea			
Us	se Only									Firm's	EIN ►				
	:=:		ddress ▶							Phone	no				
Ма	y the IR	S discus	s this return with the p	reparer show	n above? (s	ee instruct	ions)					Yes			
For	Paperwo	ork Redu	ction Act Notice, see th	ne separate ins	tructions.			Cat	No 1128	32Y		Form 9	<b>990</b> (2018)		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

99 ایر	0 (2018)	Page <b>2</b>
∕art		
1	Check if Schedule O contains a response or note to any line in this Part III	<u> U</u>
1	The Asombro Institute for Science Education is dedicated to increasing natural science literacy through engaging.	nlace-hased
	education. We provide hands-on science education programs in classrooms, schoolyards, and at the organization	
	Desert Nature Park	
	+	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☐ Yes  ☑ No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
		☐ Yes
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service	e as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allethe total expenses, and revenue, if any, for each program service reported.	
4a	(Code. ) (Expenses \$ 209716 including grants of \$ 14700 ) (Revenue \$	8708)
	Provided hands-on science education programs (field trips, classroom lessons, schoolyard ecology projects, Dese	
	teacher workshops, and public education events) to 25,493 K-12 students, 758 K-12 teachers, and 926 other adults	
41-	(Onder \) (Farence the AF475 restriction are the of the \) (December the	
4b	(Code: ) (Expenses \$ 15175 including grants of \$ ) (Revenue \$	)
	Maintained and improved the organization's 935-acre Chihuahuan Desert Nature Park, which serves as a site for so	·····
	education programs and other outdoor learning opportunities	
		·
4c	(Code: ) (Expenses \$ 5663 including grants of \$ ) (Revenue \$	<del>,</del>
70	/ (Loude) (Expenses \$) (Nevenue \$) (Nevenue \$)	'
	Published and distributed four issues of informational and educational newsletter	
		***************************************
	•	
4d	Other program services (Describe in Schedule O.)	<del></del>
40	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses	

Form 99	o (2018)		F	age 3
Part I		-		
			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	✓	
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		1
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		✓
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21, 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	:	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
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.	1	· , ·	
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		1
c	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		✓
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b> </b>	✓
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		1
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>√</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		1
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>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 . . . . . .

Part_	Checklist of Required Schedules (continued)			
			Yes	No
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С .	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>-</del>
25a	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	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	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		<b>√</b>
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_	_	<b>/</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? If "Yes," complete Schedule R, Part VI	37		1
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	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·		
4-	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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		
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, secunties account, or other financial account)?	4a		<b>✓</b>
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 (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		✓_
С	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			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			احبا
_	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7с		<b>✓</b>
· 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>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		·
9	sponsoring organization have excess business holdings at any time during the year?	<b>⊢°</b>		-
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			<del> </del>
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			
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	1		]
-	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		
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.	1		
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		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	ļ .	✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O			

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	ee ins	struct	
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	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			ļ
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		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	5		<b>V</b>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	6	./	<del>                                     </del>
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	<b>✓</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>✓</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	✓_	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the agreement on have level showtons bronches or officiates?	10a	Yes	No 🗸
10a b	Did the organization have local chapters, branches, or affiliates?  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?	10a		<b>V</b>
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	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<b>-</b>	<b> </b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	-
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>√</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	1	
13	Did the organization have a written whistleblower policy?	13	✓	
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 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>/</b>
b	Other officers or key employees of the organization	15b		<b>✓</b>
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 similar arrangement			
b	with a taxable entity during the year?	16a		<b>✓</b>
	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		
	ion 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 (1024 or 1024-A if applicable), 990, and 990-(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 financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Stephanie Bestelmeyer, 401 E College, Las Cruces, NM 88001 575-524-3334			

Part VII	Compensation of Officers, Directors, T	rustees,	Key Employees,	Highest	Compensated	Employees,	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 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 no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee
(A) , Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Justin Van Zee	7			,						
President		/	_	✓				c	0	0
(2) Eugene Gant	5		1	,				_		
Vice President		<b>-</b>		<b>✓</b>			-	c	0	0
(3) Mark Sechrist	6	/		/		٠.		(		. 0
Secretary (4) Decree Verses	6	<del>  •</del>	├		-		├	<u> </u>	, <u> </u>	
(4) Donna Yargosz Treasurer	<del> </del>	1		1				(		0
(5) Gilbert Tellez	5	Ė	Ħ	Ė	<u> </u>		<del> </del>			<u>-</u> _
Board member	† <del>-</del>	1				ļ		1 .		o
(6) Cara Rotan	5 .									-
Board member	1	<b> </b>	l					0	) 0	- 0
(7)										
(8)										
(9)						_				
(10)	<del> </del>							-		
(11)		-								
(12)	ļ									
(13)	<b></b>	•	-							
(14)	<b></b>									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			l		•	C)			1					
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average box, unless person is bo officer and a director/tru							Reportable compensation	Reportable compensation from	n		mated ount of	
		week (list any		, —		, _		<del>,</del> -	from	related	"]		ther	
		hours for related	å de Meri	nstit	Officer	Ę.	혈	Former	the organization	organizations (W-2/1099-MISC)			ensatic m the	חכ
		organizations	Individual trustee or director	Institutional trustee	<b>₽</b>	employee	l Sest	₫	(W-2/1099-MISC)	(44-271033-141130)	1		nzation	n
		below dotted	익출	nal		ğ	ğ						related	
		line)	ste	trus		ã	Pen	ľ	1		1 '	organ	ızatıon	ıs
			u	ee			Highest compensated employee							
/15\					_	┢		├	<del> </del>	<del></del>				
(15)		<del> </del>					ļ	]	1	ļ				
(16)		<del> </del>		_		H		┢	<del> </del> -		+			
119/	•••	<del> </del> -												
(17)		<del>                                     </del>			$\vdash$	┝		├	<del> </del>		+			
X::/	***************************************	†						l	1					
(18)				_	_	Ė		$\vdash$			+			
1		<del> </del>							-					
(19)	<del></del>								<del>                                     </del>		+			
X::/		†												
(20)						$\vdash$		_	<u> </u>					
35-15		†			Ì				İ					
(21)											$\top$			
3	•••••••••••••••••••••••••••••••••••••••	†	·											
(22)											1			
(23)									T					
										_				
(24)														
(25)														
1b	Sub-total	: • •							0		0			0
C	Total from continuation sheets to Part								0		0			0
d	Total (add lines 1b and 1c)							<u> </u>	0	<u> </u>	0			0
2	Total number of individuals (including but		to th	iose	lıst	ted.	above	e) w	ho received m	ore than \$100,0	)00 of			
	reportable compensation from the organ	zation >							0					<del></del>
											_		Yes	No
3	Did the organization list any former of	•					-	emp	oloyee, or high	iest compensa	ted			اا
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ıvidi	ual	•			·  -	3		<b>✓</b>
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	npei	nsatio	on a	ind other comp	ensation from	the	ı		ĺΙ
	organization and related organizations	greater th	an \$1	150,	,000	)? [	f "Ye	s,"	complete Sch	nedule J for si	JCh  -	<u> </u>		ا ــــــا
_	Individual			٠.			•	•			: . <b> </b> -	4		<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization										J	5		
Soction	on B. Independent Contractors	: II Tes, C	.ompi	CIC	JC/	ieut	ile o i	ioi s	such person	<u> </u>	<u>:                                    </u>	<u> </u>		
	<del></del>			<b>-</b>	ام در د						100.00			
1	Complete this table for your five highest compensation from the organization. Rej													· av
	year.	port compe	isaii	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J1 L1	10 0	aleile	ıaı y	year ending wit	ii oi witiiii tiie	organi	Zatic	,,, S	.an
	(A) (B) (C)													
	Name and business address Description of services Compensation													
	· <del>-</del>	<u> </u>	_					$t^-$		-				
		<del></del>												
-			_					1	<del></del>	<del></del> +-				
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limıt	ed to	o th	nose listed ab	ove) who				
-	received more than \$100,000 of compens								0	-,				
	,:								<u>_</u>					

Part VIII		Statement of Reve							_
		Check if Schedule O	contains	a res	oonse 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
ts	1a	Federated campaigns		1a	0				
arar oun	b	Membership dues		1b	0				
S, C	C	Fundraising events .		1c	0				
ia r	d	Related organizations		1d	0				
imis,	е	Government grants (con		1e	117342				
er S	f	All other contributions, gi							
혈		and similar amounts not inc		1f	137828				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			0				
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	•	Business Code	255170			
Program Service Revenue	20	Education programs				0670	8670	0	
ا ق	2a	Education programs			611699	8670	8670		
99	b c				, -	-			
Š	d								
ı S	e								
gra	f	All other program sen							
Pro	g	Total. Add lines 2a-2			▶	8670			]
	3	Investment income							
		and other similar amo	ounts) .		▶	2501	0	0	2501
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ►	0	0	0	0
	5	Royalties			▶	0	0	0	0
			(i) Rea		(ii) Personal				
	6a	Gross rents		0	0				
	ь	Less: rental expenses		0					
	C	Rental income or (loss)	<u></u>	0	0				
	_d	Net rental income or (	(IOSS) (i) Securit		<b>&gt;</b>	0	0	0	0
	7a	Gross amount from sales of	''	34329	ļ <u>``</u>				
	L	assets other than inventory  Less. cost or other basis	<b></b>	34329					)
	b	and sales expenses .		25547					1
	С	Gain or (loss)	<u>'</u>	8782	<del></del>				]
	d	Net gain or (loss)			<b>&gt;</b>	8782	0	0	8782
nue	8a	Gross income from fu	ındraisina						
		events (not including \$	· · · · · <b>J</b>	0	1				
Other Reve		of contributions reporte	ed on line 1	c).					
e_		See Part IV, line 18 .		· a	0		•		1
돌	b	Less: direct expenses	3	. <b>b</b>	0				
		Net income or (loss) f			events . ►	0		0	0
	9a	Gross income from ga							
		See Part IV, line 19 .							
		Less: direct expenses							
		Net income or (loss) f Gross sales of in			ıvıtıes ▶		0	0	0
	IUa	returns and allowance			94				
	ь	Less. cost of goods s							
		Net income or (loss) f				38	38	0	0
		Miscellaneous F		<u> </u>	Business Code		- 55		
	11a			_					
	b								
	С								
	d	All other revenue .							
	e	Total. Add lines 11a-				0			l
	12	Total revenue. See i	nstructions		<u> ▶</u>	275161	8708	0	11283

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		🗸
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12250	12250		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2450	2450		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
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	<u> </u>
_		0	0	0	0
7 8	Other salaries and wages	178261	161253	10944	6064
	section 401(k) and 403(b) employer contributions)	o	0	0	0
9	Other employee benefits	1732	1067	532	133
10	Payroll taxes	14154	12804	869	481
11	Fees for services (non-employees):				
а	Management	o	o	0	0
b	Legal	0	0	0	0
С	Accounting	3077	3077	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0		_	0
f	Investment management fees	1119	0	0	1119
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8100	8100	0	0
12	Advertising and promotion	_1	1	0	0
13	Office expenses	5739	4619	773	347
14	Information technology	4171	2705	795	671
15	Royalties	0	0	0	0
16	Occupancy	246	210	18	18
17	Travel	3699	3514	185	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	7375	7077	208	90
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Education program supplies	4400	44005	0	
a b	Duce & cubecriptions	11365	11365		
	Dues & subscriptions	. 136	<u>62</u>	43	31
c d			<del>-</del>		
e	All other expenses				<del></del> -
25	All other expenses  Total functional expenses. Add lines 1 through 24e	252975	220554	14367	8954
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)	253875	230554	14367	6954

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	123337	1	122328
	2	Savings and temporary cash investments	77428	2	77490
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	0	4	0
	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 .	,		
ets	_	· · · · · · · · · · · · · · · · · · ·	0		0
Assets	7	Notes and loans receivable, net	0	<u> </u>	0
1	8	Inventories for sale or use	0	-	226
	9 10a	Prepaid expenses and deferred charges	0	9	
	_	· · · · · · · · · · · · · · · · · · ·		10c	
	b	· · · · · · · · · · · · · · · · · · ·	107835		120116
	11	Investments – publicly traded securities		12	132116
	12 13	Investments—other securities. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	14440		12166
	16	Total assets. Add lines 1 through 15 (must equal line 34)	323040		344326
_	17	Accounts payable and accrued expenses	323040		344320
	18	Grants payable	0	+	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
S	22	Loans and other payables to current and former officers, directors,	<u></u>		
itie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
<u>"</u>	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 parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	323040	27	309450
3al	28	Temporarily restricted net assets	0		0
ᅙ	29	Permanently restricted net assets	0	29	34876
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
š	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	323040	33	344326
_	34	Total liabilities and net assets/fund balances	323040	34	344326
					Form <b>990</b> (20

orm 99	90 (2018)			Pa	ige 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	75161
2	Total expenses (must equal Part IX, column (A), line 25)	2	· <del>-</del>	2	53875
3	Revenue less expenses. Subtract line 2 from line 1	3			21286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	23040
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	1 1			
	33, column (B))	10	_	3	44326
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," ex	plain ır	n		}
•	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓ ,
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				1 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u>-</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	а	ļ	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın iı	ח		
	Schedule O	_		<u> </u>	ļ
3a	, , , , , , , , , , , , , , , , , , , ,	forth II			
	the Single Audit Act and OMB Circular A-133?		. 3a		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo the	e   31b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		000	L
			For	m <b>99</b> 0	(2018)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

• Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

850386047 Asombro Institute for Science Education Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less Section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) No Yes (A) (B) (C) (D) (E)

lo	t applicat	حفاد			
	11				

Schedule A (Form 990 or 990-EZ) 2018

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.) Section A. Public Support (a) 2014 **(b)** 2015 (d) 2017 (e) 2018<sup>2</sup> (f) Total Calendar year (or fiscal year beginning in) (c) 2016Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 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.) . . . . . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . . . . % 14 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . % 331/2% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331/3% support test 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization/. b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain/in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Priyate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 Schedule A (Form 990 or 990-EZ) 2018

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	194708	187463	201484	259762	255170	1098587
2	Gross receipts from admissions, merchandise					ŀ	
	sold or services performed, or facilities furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose	9078	8015	9635	94 <u>29</u>	8764	44921
3	Gross receipts from activities that are not an			_			
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	· 0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	18000	18000		18000	18000	90000
6	Total. Add lines 1 through 5	221786	213478	229119	287191	281934	1233508
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			10101	0050	0400	44000
	, ,	7552	9142	10181	9053	8132	44060
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	o	0	ا	0	ا	0
С	Add lines 7a and 7b	7552	9142	10181	9053	8132	44060
8	Public support. (Subtract line 7c from	7552	9142	10161	3000	0102	44000
	line 6.)					1	1189448
Secti	on B. Total Support	lI				<u> </u>	1100440
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	221786	213478	229119	287191	281934	1233508
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					İ	
	royalties, and income from similar sources	4756	2784	4990	2615	2501	17646
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0		0	0	0
С	Add lines 10a and 10b	4756	2784	4990	2615	2501	17646
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			_
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
13	and 12.)	226542	216262	234109	289806	284435	1251154
14	First five years. If the Form 990 is for the						n 501(c)(3)
• •	organization, check this box and stop he	-					`▶ ⊓
Secti	on C. Computation of Public Support						<del>_</del>
15	Public support percentage for 2018 (line			13, column (f))		15	95 %
16	Public support percentage from 2017 Sci		-			16	95 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (			by line 13, colu	mn (f))	17	14%
18	Investment income percentage from 201	7 Schedule A, I	Part III, line 17			18	16 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 3318%, check this box						
b	331/3% support tests-2017. If the organization						
	line 18 is not more than 331/3%, check this		_				
20	Drivete foundation If the ergonization d	d not aback a	hay an line 1/	100 or 10b /	shook thic hov	and coo inctriv	otione -

Not applicable.

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ecti	on A. All Supporting Organizations		Yes	No
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		
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)			
За	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 12a or 12b 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		
. <b>C</b>	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		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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
9a		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	106		

Schedule A (Form 990 or 990-EZ) 2018

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b 11c		<b></b>
	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.  on B. Type I Supporting Organizations	HC		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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 Part VI 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.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
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.			
Socti	on C. Type II Supporting Organizations	2		
Secu	on C. Type it 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		163	1
•	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		
Secti	on 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			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1_		<u> </u>
_	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Secti	on 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 i	nstru	ction	s).
a	☐ The organization satisfied the Activities Test Complete line 2 below.			
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (	000 10	otavot	ione)
2	Activities Test. <i>Answer (a) and (b) below.</i>	see III	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	$\overline{}$	163	1
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain 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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<b></b>	
_	activities but for the organization's involvement.	2b	<u> </u>	<del> </del>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	ļ	]	
а	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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	<del>                                     </del>	<del> </del>
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Not applicable.

Schedule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		

emergency temporary reduction (see instructions).	6	l		
7 Check here if the current year is the organization's first as a non-fun-	ctionally in	tegrated	Type III supporting	organization (see
instructions).				

Not applicable

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
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.	<u> </u>	<u> </u>				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions	•	·	_			
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		<del>-</del>	<del></del>			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		•				
3	Excess distributions carryover, if any, to 2018		· <u> </u>				
a	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.						
8	Breakdown of line 7:						
a			-				
b							
d	Excess from 2017						
<del>_</del> _	Excess from 2018						
		<u> </u>		<u> </u>			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### **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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Asombro Institute for Science Education	850386047
Part VI, Line 2 - Board of Directors members Cara Rotan and Gilbert Tellez have a family relationship	
Part VI, Lines 6-7 - According to the Asombro Institute Bylaws, membership is open to all individuals a	according to dues determined
by the Board of Directors (currently, a donation of \$5 or more per year) Each member is entitled to	one vote on each matter submitted to a
vote of the members. This includes election of Board members, voting on the annual state of officer	s, and any changes to the
organization's bylaws. Annual membership meetings are held in the first quarter of the year	
Part VI, Line 8 - Minutes of all Board meetings are taken by the Secretary	
Part VI, Line 11b - Board members were provided with an electronic and/or hard copy of this Form 990	and associated schedules prior to
submission	
Part VI, Line 12c - The Board of Directors and Executive Director review compliance with the conflict of	f interest policy
Part VI, Line 19 - Governing documents, conflict of interest policy, and financial statements are given	upon request to potential funders and
others who request them	
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