	P	ΕX	TENSION OF TIME TO FILE GRANTED TO NO	VEMBER 17, 20	14				
	00	0	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047				
Forr	n 99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ns) 2013				
Depa	rtment of ti	he Treasury	Do not enter Social Security numbers on this form as it may		Open to Public				
-	Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2013 calendar year, or tax year beginning and ending								
		Г							
	heck if pplicable:		forganization ICAN INDIAN SCIENCE AND ENGINEERING	D Employer identifi	cation number				
	Address change	SOCI							
	Name Change		usiness As	73-1	023474				
]Initial return		and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r				
]Termin- ated		RENARD PLACE SE 200	505-	765-1052				
	Amendeo	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,569,735.				
	Applica-		QUERQUE, NM 87106	H(a) Is this a group re					
	pending		nd address of principal officer:SARAH ECHOHAWK		s? Yes X No				
			AS C ABOVE	H(b) Are all subordinates in					
					list. (see instructions)				
			AISES.ORG X Corporation Trust Association Other L	H(c) Group exemptio	n number ► I State of legal domicile: NM				
		Summary		rear of formation: 1977 N	A State of legal domicile: INIT				
			be the organization's mission or most significant activities: ${ m TO}$ ${ m PROMO}$	TE EDUCATIONA	T, AND				
Activities & Governance	C	AREER	OPPORTUNITIES FOR NATIVE AMERICAN YOU	TH IN THE FIE	LDS OF				
rna			x if the organization discontinued its operations or disposed of r						
ove				3	9				
() ()	4 N	umber of inc	dependent voting members of the governing body (Part VI, line 1b)		9				
es	5 To	otal number	of individuals employed in calendar year 2013 (Part V, line 2a)	5	24				
iviti			of volunteers (estimate if necessary)		0				
Act			d business revenue from Part VIII, column (C), line 12		0.				
-	b Ne	et unrelated	business taxable income from Form 990-T, line 34		0.				
				Prior Year	Current Year				
ani			and grants (Part VIII, line 1h)	1,069,695. 1,175,287.	759,651.				
Revenue			ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	36,375.	179,943.				
R			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,815.	38,478.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,312,172.	2,189,108.				
			milar amounts paid (Part IX, column (A), lines 1-3)	244,900.	242,024.				
			to or for members (Part IX, column (A), line 4)	0.	0.				
s	15 Sa	alaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	806,674.	804,420.				
Expenses	16a Pr	rofessional f	undraising fees (Part IX, column (A), line 11e)	0.	0.				
xbe			ing expenses (Part IX, column (D), line 25) \blacktriangleright 213,071.	1	1 100 000				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,609,032.	1,402,806.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,660,606.	2,449,250.				
-SS	19 Re	evenue less	expenses. Subtract line 18 from line 12						
Net Assets or Fund Balances	20 To	tal agasta (l	Part X, line 16)	Beginning of Current Year 1,983,973.	End of Year 1,726,370.				
Asse	20 TC		Part X, line 16) . (Part X, line 26)	287,199.	295,032.				
Net-	22 No		fund balances. Subtract line 21 from line 20	1,696,774.	1,431,338.				
		Signatur		_//					
			I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is				
true,	correct,	and complete	Declaration of preparen (other than officer) is based on all information of which prep	arer has any knowledge.					
			Sanah EchsHawk	11-4-	14				
Sig	n		e of officer	Date					
Her	e		H ECHOHAWK, CHIEF EXECUTIVE OFFICER						
			print name and title	Doto Louis E					
Del 1		rint/Type pre		Date Check	PTIN				
Paid			A. DEPASQUALE Kober G. De Kosale	10-31-14 self-employ	ed P00446108 85-0219147				
Prep		irm's name	5921 JEFFERSON STREET NE	Firm's EIN	05-021514/				
036	, r	nin s audiess	ALBUQUERQUE, NM 87109	Phone no (5	05)338-1500				
May	the IRS	discuss thi	s return with the preparer shown above? (see instructions)		X Yes No				
			For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2013)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8868	8
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(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

01

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

		Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	AMERICAN INDIAN SCIENCE AND ENGINEERING			
File by the	SOCIETY	73-1023474		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)		
filing your return. See	2305 RENARD PLACE SE, NO. 200			
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			

ALBUQUERQUE,	NM	87106

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
■ The books are in the care of ■ 2305 RENARD PL/ Telephone No. ■ 505-765-1052		Fax No. 🕨			
 If the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four digit box ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation <u>AUGUST 15, 2014</u>, to file the exemptis for the organization's return for: X calendar year <u>2013</u> or 	Group Exe <u>and atta</u> required 1	emption Number (GEN) If the ch a list with the names and EINs of all to file Form 990-T) extension of time un	is is fo <u>memb</u> til	r the whole ers the exte	group, check this ension is for.
2 If the tax year entered in line 1 is for less than 12 months, c	heck reaso	· · · · · · · · · · · · · · · · · · ·	al retur	· n	
Change in accounting period		· · · · · · · · · · · · · · · · · · ·	·		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
estimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System).		•	3c	\$	0.
Caution. If you are going to make an electronic funds withdrawal instructions.	(direct det	bit) with this Form 8868, see Form 8453	EO ar	d Form 887	

Form	8868	(Rev.	1-2014)	

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Page **2**

cu. Ji- O Manth Evto alata anki Daut I (an - 15

Part II Additional (Not Automatic) 3-Mo	nth Extensio	n of Time. Only file the origin	nal (no c	opies needed).
		Enter filer's	T T	ng number, see i	
Type or Name of exempt organization or other filer, see			Employe	r identification nu	mber (EIN) (
print AMERICAN INDIAN SCIENCE					
File by the SOCIETY		174			
due date for Number, street, and room or suite no. If a P.O.	Social se	ecurity number (S	SN)		
return. See 2305 RENARD PLACE SE, NO					
instructions. City, town or post office, state, and ZIP code.	For a foreign add	Iress, see instructions.			
ALBUQUERQUE, NM 87106	·	· · · · · · · · · · · · · · · · · · ·			
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already g	ranted an autor	natic 3-month extension on a prev	viously file	ed Form 8868.	
 If this is for a Group Return, enter the organization's found to be the second s	► and atta	ach a list with the names and EINs o BER 15, 2014.	f all memb		
5 For calendar year 2013 , or other tax year beginn					
6 If the tax year entered in line 5 is for less than 12 mo	nths, check reas	on: Initial return	Final I	return	
Change in accounting period					
7 State in detail why you need the extension THE ORGANIZATION NEEDS ADD	TUTONAT	THE OC CAMPER THE			ג בדד
COMPLETE AND ACCURATE TAX		TIME TO GATHER INF	OKMAI	10N 10 F	
COMPLETE AND ACCURATE TAX	KEIOKN.	······			
8a If this application is for Forms 990-BL, 990-PF, 990-T	4720, or 6069.	enter the tentative tax, less any		r	· · ·
nonrefundable credits. See instructions.	,		8a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, c	r 6069, enter an	v refundable credits and estimated		- *	
tax payments made. Include any prior year overpayn		•			
previously with Form 8868.			8b	s	0
C Balance due. Subtract line 8b from line 8a. Include y	our payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). Se		, , . , . , , ,	8c	s	
					0
Signature and Ver	ification mus	st be completed for Part II o	oniy.		0
· · · · · · · · · · · · · · · · · · ·		-	-	of my knowledge and	
Inder penalties of perjury, I declare that I have examined this form t is true, correct, and complete, and that I am authorized to prepar		-	o the best o		
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar		-	o the best o	of my knowledge and $8/8/2$	0 . 1 belief, 2014-

323842 12-31-13

		Pa
rar	t III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
•	THE AISES MISSION IS TO INCREASE SUBSTANTIALLY THE REPRESENTATION OF	•
	AMERICAN INDIAN AND ALASKAN NATIVES IN ENGINEERING, SCIENCE, AND OTH	
	RELATED TECHNOLOGY DISCIPLINES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	x
	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?	Х
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	٦d
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 725,602. including grants of \$) (Revenue \$ 1,211,0	3
	CONFERENCE - THE ANNUAL NATIONAL CONFERENCE IS AISES' MAJOR EVENT	
	HOSTED EVERY YEAR FOR ITS CONSTITUENTS. THE CAREER FAIR AND RESEARCH PRESENTATIONS OFFER COMPANIES A UNIQUE FORUM FOR RECRUITING AMERICAN	
	INDIAN STUDENTS AND PROFESSIONALS. XXXX INDIVIDUALS ATTENDED THE 201	
	CONFERENCE, WITH MORE THAN HALF OF THOSE BEING AMERICAN INDIAN HIGH	
	SCHOOL AND COLLEGE STUDENTS.	
		_
4b	(Code:)(Expenses \$ 428,085. including grants of \$)(Revenue \$ TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL.	5,
4b	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN	ŝ
4b	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANC	s
4b 4c	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANCE IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS. (code:)(Expenses \$248,228. including grants of \$242,024.) (Revenue \$	ŝ
	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANC IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS. (Code:) (Expenses \$ 248,228. including grants of \$ 242,024.) (Revenue \$ SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE AND	
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	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANC IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS. (Code:) (Expenses 1 248,228. including grants of 242,024.) (Revenue \$ SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE AND GRADUATE STUDENTS WHO ARE MEMBERS OF AISES FOR LEADERSHIP AND ACADEM ACHIEVEMENT. AISES ADMINISTERS THREE TYPE OF SCHOLARSHIPS. Other program services (Describe in Schedule O.)	
4c 4d	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANC IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS. (code:) (Expenses 1 248,228. including grants of 8 242,024.) (Revenue 8 SCHOLARSHIPS - AISES SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE AND GRADUATE STUDENTS WHO ARE MEMBERS OF AISES FOR LEADERSHIP AND ACADEM ACHIEVEMENT. AISES ADMINISTERS THREE TYPE OF SCHOLARSHIPS. Cher program services (Describe in Schedule 0.)) (Revenue 8) (tippenses 159, 519. including grants of 8) (Revenue 8)	
4c	TRAINING AND DEVELOPMENT - THROUGH A VARIETY OF EDUCATIONAL PROGRAMS AISES OFFERS FINANCIAL, ACADEMIC AND CULTURAL SUPPORT TO AMERICAN INDIANS AND ALASKA NATIVES FROM 5TH GRADE THROUGH GRADUATE SCHOOL. AISES PROVIDES PROFESSIONAL DEVELOPMENT ACTIVITIES TO ENABLE TEACHER TO WORK EFFECTIVELY WITH NATIVE STUDENTS AND PROFESSIONALS TO ADVANC IN THEIR CAREERS AND SERVE AS MENTORS TO NATIVE STUDENTS. (Code:	

SOCIETY

Form 990 (2013)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
5	public office? If "Yes," complete Schedule C, Part I	3		х
4		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	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	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		х
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	х	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	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		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13 14a		14a		X
		148		- 23
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	,			

Form **990** (2013)

332003 10-29-13

Form 990 (2013) SOCIETY
Part IV Checklist of Required Schedules (continued)

73-1023474 Page 4

21 Did the organization report more than 55,000 of grants or other assistance to any domestic organization or government (A), line 17 (¹⁷ /s ⁻¹ , complete Schedule), Parts 1 and 11 21 X 22 De the organization report more than 55,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 17 (¹⁷ /s ⁻¹ , complete Schedule), Parts 1 and 11 22 X 23 Do the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of more than 5100,000 as of the isst day of the yes, in tark was insisted after December 31, 30027 (¹⁷ /s ⁻¹ , arwwire lines 24 bit hough 24 di and complete Schedule K. If 'No', go to line 23 as the sectempt bond's suse of the assess the sectempt and suppression of tax-secrept bond's observed a temporary period exception? 24a X 24a Did the organization means an orb behalf Of issuer for bonds subtanding at any time during the year? 24d 25a X 25a Section 50(3) and 50(4) (4) organizations. Did the organization in a pior year, and that the transaction with a disqualified person in a pior year, and that the transaction sup on any of the organization reports any answer that its angaged in an excess benefit transaction with a disqualified persons? If 'res,' complete Schedule L, Part I 25b X 27 Do the organization new taw assistance to an office				Yes	No
22 Dath expandation report more than \$5,000 of gents or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 23 Dath the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Dath 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, fatt was suced after December 31, 2022? If "Yes," answer lines 24b through 24d and complete Schedule A, If "Wo," to the issue of the December 31, 2022? If "Yes," answer lines 24b through 24d and complete Schedule A, If "Wo," to prince 25a 24d X 25 Decit the organization maintain an escrow account other than a refunding scrow at any time during the year? 24d X 26 Did the organization aware that if engaged in an excess benefit transaction with a disqualified person sing the year? 24d X 27 Did the organization reported an orphies Schedule L, Part I 25a X 28 Did the organization aware that if engaged in an excess benefit transaction with a disqualified persons? If so, complete Schedule L, Part I 25a X 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables any current or former officer, director, trus	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete Schedule /, I''No', go to line 25a 23 X 24a Do 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 /, I''No', go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d c Did the organization as at an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 50((2)a) and 50 ((2)(a) organizations. Did the organization ongale in a neckess benefit transaction with a disqualified person in a prior year. 25a X 26 Did the organization aver that it engaged in a neckess benefit transaction with a disqualified person in a prior year. 26b X 27 Did the organization roped any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustee, key employee, substantial contributor or employee thread, a gannt selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I' 28a X 27 Did the organization necess the methor, or to a 35% controlled entity or fami		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive contributions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part II 30 X 31 X 31 X 32 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X			051		v
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73-1023474 Page 5

Form	990 (2013) SOCIETY 73-1023	474	P	age 5
Pa	t 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 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		Х
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, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		X
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).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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	_		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life rorm 0039 as required $r_{\rm cont}$	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11		
Ũ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
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.			
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 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(0010)

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SOCIETY

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

AMERICAN INDIAN SCIENCE AND ENGINEERING

Check if Schedule O contains a response or note to any line in this Part VI

X

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		_		Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		2
	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?	L	3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	[4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	[5		Σ
6	Did the organization have members or stockholders?	[6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	[7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Γ			
	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	F			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Σ
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	Γ	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	··· -			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	···· –	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	··· -			
	in Schedule O how this was done		12c	Х	
	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?		14	Х	
	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?				
	The organization's CEO, Executive Director, or top management official	- 1	15a	Х	
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		10.0		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	F	.50		
	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		
	tion C. Disclosure	<u></u>	100		1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NM$				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on		ailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	'y) av	anau		
	Own website Another's website X Upon request Other (explain in Schedule O)				
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	and	finar	cial	
a	besonde in conclude of whether (and it so, now), the organization made its governing documents, connict of interest policy	, anu	mal	oial	
	statements available to the public during the tax year				
	statements available to the public during the tax year.	Jack:	on: 🕨		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nizatio	on: 🕨	-	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ SARAH ECHOHAWK $-505-765-1052$	nizati	on: 🕨	-	
0	State the name, physical address, and telephone number of the person who possesses the books and records of the organ			990	(0/

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

SOCIETY

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box		(C Pos heck ss pe	C) ition more rson	than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. MARK BELLCOURT MEMBER	3.00	x						0.	0.	0.
(2) KIUTUS TECUMSEH MEMBER	3.00	x						0.	0.	0.
	2 00	<u>^</u>						0.	0.	0.
(3) BARBARA TENORIO-GRIMES MEMBER	3.00	x						0.	0.	0.
(4) CIARRA GREENE	3.00									
SR. STUDENT REP. (NON-VOTING)		х						0.	0.	0.
(5) JEFFREY ROSS	3.00									
JR. STUDENT REP. (NON-VOTING)		Х						0.	0.	0.
(6) MARLENE WATSON	3.00								_	_
MEMBER		Х						0.	0.	0.
(7) DR. IONA BLACK	3.00								_	_
MEMBER		Х						0.	0.	0.
(8) DR. MELINDA MCCLANAHAN	3.00								_	_
CHAIR	2 0 0	X		X				0.	0.	0.
(9) STEVEN YAZZIE	3.00									•
TREASURER		X		Х				0.	0.	0.
(10) DR. TWYLA BAKER-DEMARAY	3.00								0	0
VICE CHAIR	2 00	X		X				0.	0.	0.
(11) CHRIS ECHOHAWK	3.00	x		x				0.	0.	0.
VICE CHAIR (12) DR. MARY JO ONDRECHEN	3.00	^		~				0.	0.	0.
CHAIR	5.00	x		x				0.	0.	0.
(13) DR. JAMES MAY	3.00							0.	••	<u>.</u>
TREASURER	5100	x		x				0.	0.	0.
(14) RICK STEPHENS	3.00							•••		
SECRETARY		x		х				0.	0.	0.
(15) SARAH ECHOHAWK	40.00									
CHIEF EXECUTIVE OFFICER		1		х				82,349.	0.	18,290.
(16) MARIE THAMES	40.00									
FINANCE DIRECTOR		1		х				90,000.	Ο.	19,989.
(17) TINA FARRENKOPF	40.00									
PROGRAM DIRECTOR				Х				36,346.	0.	8,072.
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Form 990 (2013) SOCIETY

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estima	
	hours per week					is bot pr/trus		compensation	compensatio		amour	
	(list any	p.					,	from the	from related organization		oth compen	
	hours for	direct				pa		organization	(W-2/1099-MI		from	
	related	tee or	istee			ensate		(W-2/1099-MISC)	,	,	organiz	
	organizations	ll trus	nal tru		oyee	som pe					and re	ated
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
(18) SHIRLEY LACOURSE	40.00	Ē	ü	Of	, Ke	er	Fo					
BUSINESS DEVELOPMENT DIRECTOR				x				74,000.		ο.	16,	435.
		-										
		1										
		1										
1b Sub-total						I		282,695.		0.	62,	786.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								282,695.		0.	62,	786.
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	bove	e) wł	no r	received more than \$100	,000 of reportab	le		•
compensation from the organization											Ye	0 s No
3 Did the organization list any former office	diractor or tri	isto	o ko	w on	nnlo	woo	or	highest componented of	mplovoo on	I	16	
line 1a? If "Yes," complete Schedule J for				-	·			nighest compensated el			3	X
4 For any individual listed on line 1a, is the s											_	
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J	for such individual			4	X
5 Did any person listed on line 1a receive or	-				-		ela	ted organization or indivi	dual for services	;		
rendered to the organization? If "Yes," col Section B. Independent Contractors	nplete Schedul	e J f	for si	uch	pers	son .					5	X
1 Complete this table for your five highest c	omnensated in	don	ande	nt c	onti	racto	ore -	that received more than	\$100.000 of con	nnons	ation from	
the organization. Report compensation fo										pens		
(A)								(B)			(C)	
Name and busines	s address	N	ONE	3				Description of s	ervices	C	ompensat	ion
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis 0	steo	d above) who received m	ore than			
	F										Form 990	(2013)
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						8						

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			2013) SOCIE					73-1023	474 Page 9
Pa	rt V								
_		_	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	(P)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 :	а	Federated campaigns	1a					
àraı our			Membership dues		97,558.				
s, G			Fundraising events						
Gift lar			Related organizations						
ini,		е	Government grants (contribut	ions) 1e	267,209.				
rior S	1	f	All other contributions, gifts, gran	ts, and					
ibu			similar amounts not included abo	ve 1f	394,884.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g	Noncash contributions included in lines	1a-1f: \$					
a Č		h	Total. Add lines 1a-1f		····· •	759,651.			
					Business Code				
rice	2 :	а	NATIONAL CONFERENCE		541900	1,211,036.	1,211,036.		
erv ue	I	b							
u S ven		с							
gra Re		d							
Program Service Revenue		e							
_			All other program service reve			1,211,036.			
	3	y	Total. Add lines 2a-2f			1,211,000.			
	Ŭ		other similar amounts)			15,650.			15,650.
	4		Income from investment of ta						
	5		Royalties		🕨 🗍				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
	1	b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		►				
	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	1,538,728.					
	I	b	Less: cost or other basis	4 954 495					
			and sales expenses	1,374,435.					
			Gain or (loss)	164,293.		164 202			164 202
			Net gain or (loss)			164,293.			164,293.
anı	8	а	Gross income from fundraisin including \$						
ver			including \$ contributions reported on line						
Ŗ			Part IV, line 18	-					
Other Revenue		b	Less: direct expenses						
0			Net income or (loss) from fund						
			Gross income from gaming ad						
			Part IV, line 19	а					
	I	b	Less: direct expenses	b					
			Net income or (loss) from gam		►				
	10 :	а	Gross sales of inventory, less	returns					
			and allowances						
			Less: cost of goods sold			4 500			4 506
	(С	Net income or (loss) from sale			4,506.			4,506.
	44	2	Miscellaneous Revenu	e	Business Code 900999	33,972.	33,972.		
		a b							
		c							
			All other revenue						
			Total. Add lines 11a-11d			33,972.			
	12		Total revenue. See instructions.)	2,189,108.	1,245,008.	0.	184,449.
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	Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22	242,024.	242,024.		
3	Grants and other assistance to governments,				
Ũ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	345,481.	161,287.	133,085.	51,109.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	330,271.	154,187.	127,226.	48,858.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,146.	6,090.	5,136.	1,920. 9,436.
9	Other employee benefits	66,659.	27,394.	29,829.	9,436.
10	Payroll taxes	48,863.	22,509.	19,075.	7,279.
11	Fees for services (non-employees):				
а	Management				
b	Legal	41,552. 27,285.		41,552. 27,285.	
	Accounting	27,203.		27,203.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	212,702.	101,924.	68,647.	42,131.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	04 445	22 462	ED 100	0.050
16	Occupancy	94,445.	32,463.	52,126.	9,856.
17	Travel	114,062.	33,243.	55,599.	25,220.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	436,791.	430,830.	5,961.	
19 20	Conferences, conventions, and meetings			5,501•	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,860.		23,860.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PARTICIPANT COSTS & STI	148,086.	148,086.	0.	0.
b	AWARDS & GIFTS	78,267.	76,348.	1,838.	81.
с	MISCELLANEOUS	67,534.	35,258.	28,918.	3,358.
d	PRINTING AND COPYING	47,718.	30,699.	13,583.	3,436.
е	All other expenses	110,504.	59,092.	41,025.	10,387.
25	Total functional expenses. Add lines 1 through 24e	2,449,250.	1,561,434.	674,745.	213,071.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000
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Form 990 (2013)

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Form **990** (2013)

Form 990 (2013)

SOCIETY Part X Balance Sheet

18 Grants payable 18 19 Deferred revenue 183,793.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 Total liabilities. Add lines 17 through 25 287,199.26 295,0 27 Unrestricted net assets 120,979.27 621,4 28 Temporarily restricted net assets 120,979.27 621,4 29 Permanently restricted net assets 1,062,577.29 489,2 29 Permanently restricted net assets 30 30 31 29 Permanently restricted net assets 30 30 31 29 Permanently re	1 u	πλ	balance Sheet			
Beginning of year End of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 255,234,2 593,3 3 Piedges and grants receivable, net 235,053,3 157,78 4 Accounts receivable, net 95,953,3 157,78 5 Loans and other receivables from current and former officers, directos, functions netwidble, net 95,953,3 157,78 6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1), persons described in section 4956(f)(3), end contributing employers and sponsoring organizations of section 501(6)(9) solutrary 6 7 Notes and loans rocavable, net 7 7 8 Investments- publicy traded securities 1,010,397.11 474,33.1 9 Prepaid expenses and depreciation 100 198,895 54,092.1 0c 35,2 11 Investments- publicy traded securities 1,010,397.11 474,33.1 12 1476,3 12 1476,3 11 Investments- coher securities. See Part IV, line 11 12,46,93 12 224,633.12 246,93 <t< th=""><th></th><th></th><th>Check if Schedule O contains a response or note to any line in this Part X</th><th></th><th></th><th></th></t<>			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash- non-interest bearing 1 1 255, 234, 2 593, 3 2 Savings and temporary cash investments 287, 234, 2 593, 3 3 157, 88 3 Piedges and grants receivables (net comparated employees, Complete Part II of Schedule L 288, 033, 3 157, 88 6 Laars and other receivables from outnert and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 6 Laars and other receivable, net 5 6 23, 203, 8 23, 13 9 Projecter School (9) coluntary employees and sponsoring organizations of socton 501(c)(9) voluntary employees is consolide of prescipation of socton 501(c)(9) voluntary employees conspate of derived charges 31, 396, 9 56, 3 10a Land, buildings, and equipment: cost or other tos labor roles outlines. See Part IV, line 11 10a, 234, 132, 13 224, 633, 124, 232, 235, 234, 235, 234, 232, 236, 9 31, 396, 9 56, 3 11 Investments - dires equities. See Part IV, line 11 10a, 234, 132, 144, 234, 132, 134, 134, 134, 134, 134, 134, 134, 134				(A) Boginning of year		
2 Savings and temporary cash investments 255,234,2 2593,3 157,83 3 Pledges and grants receivable, net 289,053,3 157,83 4 Accounts receivable, net 95,965,4 139,11 5 Laans and other receivables from current and former officers, directors, trustes, key employees, and highest compensated employees. Complete Part II of Schodule L 5 6 Laans and other receivables from other disqualified parsons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers identificity organizations (as defined under section 4958(r)(1), persons described in section 4958(r)(3)(8), and contributing employers and derived charges 31,396,9 54,092,10c 8 Invotories for sale or use 23,203,12 246,9 31,396,9 55,2 10a Lad, buildings, and equipment: cost or other basis. Complete Part II of Sch L 10a 234,132,1 10b 198,899,1 1,010,337,11 474,3 11 Investments - publicity traded securities 10a,406,1 1,283,973,1 11 141 14 11 13 14 14 14 14 16 7,6 14 Other assets. See Part IV, line 11 13<				Beginning of year		
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29 Permanently restricted net assets 1,062,577.29 489,2 Organizations that do not follow SFAS 117 (ASC 958), check here ▶□ 1 30 and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32	ala	28		513,218.	28	320,655.
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30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 32 Table data and t	ŗ					
Set 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 32 1 60.6 77.4	ets	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds 32	Ass	31			31	
	et /	32			32	
	Ż	33	Total net assets or fund balances	1,696,774.	33	1,431,338.
34 Total liabilities and net assets/fund balances		34		1,983,973.	34	1,726,370.

Form 990 (2013)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part IX, column (A), line 12) 1 2,189,108. 2 2,449,250. 2 2,449,250. 3 <260,142. 3 <260,142. 4 1,696,774. 3 <260,142. 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,696,774. 5 Net unrealized gains (losses) on investments 5 <27,602. 6 7 8 9 7 8 9 22,308. 10 1,431,338. 9 22,308. 10 1,431,338. 10 1,431,338. Yes No Yes, 'check is Schedule O contains a response or note to any line in this Part XII X Yes No 1 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 1,431,338. 10 1,431,338. 1 Part XI	Forn	990 (2013) SOCIETY	73-10	23474	Pag	_{je} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 189, 108. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 449, 250. 3 Revenue less expenses. Subtract line 2 from line 1 3 <260, 142. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 696, 774. 5 Net unrealized gains (losses) on investments 5 <27, 602. 6 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,449,250. 3 Revenue less expenses. Subtract line 2 from line 1 3 <260,142. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,696,774. 5 Net unrealized gains (losses) on investments 5 <227,602. 6 0 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,449,250. 3 Revenue less expenses. Subtract line 2 from line 1 3 <260,142. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,696,774. 5 Net unrealized gains (losses) on investments 5 <227,602. 6 0 6 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X						
3 Revenue less expenses. Subtract line 2 from line 1 3 <260,142. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,696,774. 5 Net unrealized gains (losses) on investments 5 <27,602. 6 7 8 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1 1,431,338. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,696,774. 5 Net unrealized gains (losses) on investments 5 <27,602. 6 Donated services and use of facilities 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis a a	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 <27,602. 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 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1 1,431,338. Part XII Financial Statements and Reporting X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1 "Separate basis Consolidated basis Both consolidated and separate basis a a	3	Revenue less expenses. Subtract line 2 from line 1	3			
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis a	5	Net unrealized gains (losses) on investments	5	<2	7,6	<u>02.</u> >
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 22,308. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis a a	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,431,338. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis a a	8	Prior period adjustments	8			
column (B)) 10 1,431,338. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis In a separate basis	9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	<u>2,3</u>	08.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Za	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis X			10	1,43	<u>1,3</u>	38.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Image: Consolidated basis <th>Pa</th> <th>rt XII Financial Statements and Reporting</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis If "Consolidated basis If the organization consolidated basis If the organizati		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consolidated basis Consolidated basis Image: Consolidated basis <th>1</th> <th>Accounting method used to prepare the Form 990: Cash X Accrual Other</th> <th></th> <th>-</th> <th></th> <th></th>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:						
separate basis, consolidated basis, or both:	2a			2 a		X
Separate basis Consolidated basis Both consolidated and separate basis		•	d on a			
b Were the organization's financial statements audited by an independent accountant?						
	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		•	te basis,			
consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с					
review, or compilation of its financial statements and selection of an independent accountant?				2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		ngle Audit			
Act and OMB Circular A-133? 3a X				3a		<u>X</u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2013)

332012 10-29-13

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. 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 .									20 Open 1	. 1545-00 13 to Publection	8		
Nar	ne of	the organizati		N INDIAN SCI						mployer	identificat 3-102		
Pa	art I	Reason		ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.	1	5 102.	9474	
The	orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(i	i ii). Enter	the hospita	al's nan	ne,
		city, and stat	e:										
5		An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental ur	it descrik	oed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(⁻	1)(A)(v).					
7	X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public des	cribed	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembersh	ip fees, a	ind gross re	eceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of it	s suppor	t from gros	s inves	tment
		income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	anization	after June	30, 197	75.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11		An organizati	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	e purposes	of one	or
		more publicly	/ supported organiza	ations described in section	on 509(a)([.]	1) or sectio	on 509(a)(2	2). See sec	tion 509	(a)(3). Ch	eck the bo	x that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
		a 🗌 Type I	і в 🗔 ту	/pe II c 🗌 Ty	ype III - Fu	nctionally i	integrated	c	і 🗔 Тур	be III - No	n-functiona	ally inte	grated
e		By checking	this box, I certify tha	at the organization is not	controllec	directly o	r indirectly	/ by one o	r more dis	qualified	persons of	ther tha	an
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	9(a)(2).	
f	•	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box				-					
ç	J	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing pei	rsons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	in (ii) and	(iii) below	',	Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		
				n described in (i) above?							11g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h	ı	Provide the f	ollowing information	about the supported or	ganization	(s).							
			1	1					(a tha	1		
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col. (i) listed in your governing document? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support?							ion in col.	(vii) Amount of monetary support					
				(see instructions))	Yes	No	Yes	No	Yes	No			
										+			

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

Total

Schedule A (Form 990 or 990-EZ) 2013

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73-1023474 Page 2

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Schedule A	(Form 990 or 990-EZ) 2013	SOCIETY					73-1023474	Page
Part II	Support Schedule for	or Organizatio	ons Describ	ed in Sectio	ons 170	D(b)(1)(A)(iv) and 17	'0(b)(1)(A)(vi)	
	(Complete only if you chec	cked the box on lin	ie 5, 7, or 8 of	Part I or if the or	rganizati	on failed to qualify unde	r Part III. If the organiz	zation
	fails to qualify under the te	ests listed below, p	lease complet	te Part III.)				

See	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not										
	include any "unusual grants.")	1411421.	1474109.	1055141.	1069695.	759,651.	5770017.				
2	Tax revenues levied for the organ- ization'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	1411421.	1474109.	1055141.	1069695.	759,651.	5770017.				
5	The portion of total contributions					,					
Ū	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,						016 267				
•	column (f)						816,367. 4953650.				
	Public support. Subtract line 5 from line 4.						4953650.				
	ndar year (or fiscal year beginning in) 🕨	(-) 0000	(1-) 0010	(-) 0011	(-1) 0010	(-) 0010	(6) T = + = 1				
	Amounts from line 4	(a) 2009 1411421.	(b)2010 1474109.	(c)2011 1055141.	(d) 2012 1069695.	(e)2013 759,651.	(f) Total 5770017.				
	Gross income from interest,		11/1100.	10551410	1005055.	155,0510	5770017.				
0	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	16,402.	17,730.	557,366.	69,850.	179,943.	841,291.				
9	Net income from unrelated business			,	,						
-	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)	26,235.	663.	5,381.	25,620.	33,972.					
11	Total support. Add lines 7 through 10						6703179.				
12	,		,				,228,639.				
13	First five years. If the Form 990 is for										
<u> </u>	organization, check this box and stor	here									
_	ction C. Computation of Publ						72 00				
	Public support percentage for 2013 (I					14	73.90 % 80.23 %				
	Public support percentage from 2012					15	,,,				
168	33 1/3% support test - 2013. If the c	-									
la la	 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 										
D											
47.	and stop here. The organization qual										
1/a	Ta 10% -facts-and-circumstances test - 2013. 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 IV how the organization										
	-			-	-	-					
Ь	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes										
D D		-									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization										
-10		and not oneon a		a, 100, 17a, 01 17a		dule A (Form 990					

14

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

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

Section A. Public Support					•	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				-	•	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						1
14 First five years. If the Form 990 is for	the organization'	s first, second. thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) oraani	zation,
check this box and stop here	e					·
Section C. Computation of Publi						F
15 Public support percentage for 2013 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2012					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box ar	-					
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 09-25-13		,			hedule A (Form 99	
			15		,	,

73-1023474 Page 4

artiv	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).	

				Schedule A (F	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

73-1023474

2013

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
IBM	137,681.	3,617.
LOCKHEED MARTIN	186,000.	51,936.
GOOGLE	296,519.	162,455.
EXXONMOBILE	240,278.	106,214.
BOEING COMPANY	626,209.	492,145.
Total Excess Contributions to Schedule A, Part II, Line 5		816,367.

Schedule B	
(Form 990, 990-EZ,	

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Name of the organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

73-1023474

Employer identification number

D	raan	ization	type	(check	one):
	gun	Zation	type		oncj.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

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Name of organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

73-1023474

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IBM 1701 NORTH STREET BLDG. 40-3 H006 ENDICOTT, NY 13760	\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USDA NATURAL RESOURCE CONERVATION 6200 JEFFERSON ST NE ALBUQUERQUE, NM 87109-3434	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LOCKHEED MARTIN 9500 GODWIN DR. BLDG. 101/J37 MANASSAS, VA 20110	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	<i>"</i> ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 NORTHROP GRUMMAN CORP. 1840 CENTURY PARK EAST	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 NORTHROP GRUMMAN CORP. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 (b)	Total contributions \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 NORTHROP GRUMMAN CORP. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 (b) Name, address, and ZIP + 4 U.S. NAVY DFAS - CLEVELAND CENTER P.O. BOX 998022	\$(c) (c) (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 NORTHROP GRUMMAN CORP. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 (b) Name, address, and ZIP + 4 U.S. NAVY DFAS - CLEVELAND CENTER P.O. BOX 998022 CLEVELAND, OH 44199 (b) Name, address, and ZIP + 4 US ARMY CORPS OF ENGINEERS 1100 COMMERCE STREET, SUITE 831 DALLAS, TX 75242-1317	Total contributions - \$ 30,000. - (c) Total contributions - \$ 60,000. - (c) Total contributions - \$ 60,000. - \$ 60,000.	Type of contribution Person X Payroll

Employer identification number

Name of organization

AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

73-1023474

	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RAYTHEON COMPANY 870 WINTER STREET WALTHAM, MA 02451	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CHRYSLER GROUP LLC 800 CHRYSEL DR AUBURN HILLS, MI 48326	\$\$53,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	3M WORKFORCE DIVERSITY3M CENTERST. PAUL, MN 55144-1000	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BOEING COMPANY 100 N. RIVERSIDE PLAZA	\$ 52,709.	Person X Payroll Noncash
	CHICAGO, IL 60606		(Complete Part II for noncash contributions.)
(a) No.	CHICAGO, IL 60606 (b) Name, address, and ZIP + 4	(c) Total contributions	
	(b)		noncash contributions.)
No.	(b) Name, address, and ZIP + 4 <u>NASA</u> <u>300 E STREET SOUTHWEST</u>	Total contributions	(d) Type of contribution Person X Payroll
No. 11 (a)	(b) Name, address, and ZIP + 4 <u>NASA</u> <u>300 E STREET SOUTHWEST</u> <u>WASHINGTON, DC 20546</u> (b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person X Payroll

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
(a)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	<pre></pre>	(d) Date received
		\$	

323453 10-24-13

10591031 757901 0464100.001

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

20 2013.04030 AMERICAN INDIAN SCIENCE AND 04641001

SOCIETY

AMERICAN INDIAN SCIENCE AND ENGINEERING

Employer identification number

73-1023474

t III	Y Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	ividual contributions to section 501(c)(7), the following line entry. For organizations co tc., contributions of \$1,000 or less for the y	73 - 1023474 (8), or (10) organizations that total more than \$1,000 models and \$1
lo.	Use duplicate copies of Part III if addition	nal space is needed.	
m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ ·			-
		(e) Transfer of gift	-
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
lo. n			(d) Decovirtion of how sift is hold
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- ·			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- ·			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
o.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
n I	(~)		
o. n t I			
n 1 		(e) Transfer of gift	
n 	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D Form 990)	Supplemental Financ	ered "Yes," to Form 990,	OMB No. 1545-004
epartment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, ► Attach to Form	990.	Open to Publi
ternal Revenue Service	► Information about Schedule D (Form 990) and its	instructions is at www irs gov/f	
lame of the organizati	on AMERICAN INDIAN SCIENCE AN SOCIETY	D ENGINEERING	Employer identification num 73-1023474
Part I Organiza	tions Maintaining Donor Advised Funds or	Other Similar Funds or A	
organizatio	n answered "Yes" to Form 990, Part IV, line 6.		
 Total much substants 		or advised funds ((b) Funds and other accounts
	d of year		
	utions to (during year)		
	rom (during year)		
	In inform all donors and donor advisors in writing that the		
-	n's property, subject to the organization's exclusive legal		
	n inform all grantees, donors, and donor advisors in writin		
	oses and not for the benefit of the donor or donor advisor		
	ate benefit?		
	ation Easements. Complete if the organization answ		
1 Purpose(s) of con	ervation easements held by the organization (check all the	at apply).	
Preservation	of land for public use (e.g., recreation or education)	Preservation of an historical	ly important land area
Protection c	f natural habitat	Preservation of a certified hi	istoric structure
Preservation	of open space		
2 Complete lines 2a	through 2d if the organization held a qualified conservatio	n contribution in the form of a co	onservation easement on the las
day of the tax yea			
			Held at the End of the Tax
a Total number of c	onservation easements		2a
•			2b
c Number of conser	vation easements on a certified historic structure included	in (a)	2c
	vation easements included in (c) acquired after 8/17/06, ar		
	al Register		2d
3 Number of conser	vation easements modified, transferred, released, extingui	shed, or terminated by the orgar	nization during the tax
year 🕨			
	where property subject to conservation easement is locate		
0	tion have a written policy regarding the periodic monitoring	g, inspection, handling of	
,			
	r hours devoted to monitoring, inspecting, and enforcing o	-	-
-	es incurred in monitoring, inspecting, and enforcing conse		
	vation easement reported on line 2(d) above satisfy the red		
	(4)(B)(ii)?		
9 In Part XIII, descri	be how the organization reports conservation easements in	n its revenue and expense stater	ment, and balance sheet, and
	le, the text of the footnote to the organization's financial s	tatements that describes the org	ganization's accounting for
conservation ease		iaal Traccurree ar Other	Cimilar Acasta
	tions Maintaining Collections of Art, Histori		Similar Assets.
	the organization answered "Yes" to Form 990, Part IV, line		
-	elected, as permitted under SFAS 116 (ASC 958), not to r	•	
	s, or other similar assets held for public exhibition, educati		public service, provide, in Part
	note to its financial statements that describes these items		
	elected, as permitted under SFAS 116 (ASC 958), to repo		
	similar assets held for public exhibition, education, or reso	earch in furtherance of public se	rvice, provide the following and
relating to these it			► ¢
(ii) Accorta included	uded in Form 990, Part VIII, line 1		. 💌 Þ
	d in Form 990, Part X		
-	received or held works of art, historical treasures, or other		provide
-	Ints required to be reported under SFAS 116 (ASC 958) re	-	¢
	d in Form 990, Part VIII, line 1		
b Assets included in	Form 990, Part X		. μ φ
HA For Paperwork R 32051 9-25-13	eduction Act Notice, see the Instructions for Form 990.	1	Schedule D (Form 990)

4	4	4
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Sobo	0007555	N INDIAN S	CIENCE AN	D ENGIN	CCRI	NG	73-1	02347	4 D	2
	t III Organizations Maintaining C	ollections of A	rt. Historical T	reasures (or Oth	er Si				age Z
3	Using the organization's acquisition, accession									
Ŭ	(check all that apply):		io, oncontany of th		a a c a c	Jgrimo		0000000	/// 100//	0
а	Public exhibition	d	I 🔲 I oan or ex	change progra	ams					
b	Scholarly research	e		shange progra						
c	Preservation for future generations	·								
4	Provide a description of the organization's co	lections and explai	n how they further	the organizati	on's exe	mnt n	urnose in P	art XIII		
5	During the year, did the organization solicit or									
U	to be sold to raise funds rather than to be ma						Г	Yes		No
Pa	rt IV Escrow and Custodial Arrange									
-	reported an amount on Form 990, Par		sto in the organizat		100 10	1 01111	000,1 0.11	,,,,		
-1a	Is the organization an agent, trustee, custodi		diary for contribution	ons or other as	sets not	t inclu	ded			
	on Form 990, Part X?						Г	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:							
~			liothing table.					Amour	nt	
c	Beginning balance						lc	7 1110 01		
	Additions during the year					··· –	ld			
e	Distributions during the year						le			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990 Part X line	212			···· L		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
_	rt V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two year			ree years bac	k (e) Fou	r years	back
1a	Beginning of year balance	1,309,609.			3,397.	. /	777,033	` <i>`</i>		231.
b	Contributions									
с	Net investment earnings, gains, and losses	12,061.	90,736	. <20	5,854.	>	71,364	ł.	115	802.
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs	815,944.			2,670.					
f	Administrative expenses	,			,					
g	End of year balance	536,889.	1,309,609	1,218	3,873.		1,248,39	7.	777	033.
2	Provide the estimated percentage of the curr	,			, ,		, ,			
a	Board designated or quasi-endowment	one your one building	%	(4)) Hold 40.						
b	Permanent endowment 89.09	%								
	Temporarily restricted endowment									
v	The percentages in lines 2a, 2b, and 2c shou									
30	Are there endowment funds not in the posse		ation that are held	and administe	red for t	the orc	anization			
ou	by:	Solution the organiza					Janization		Yes	No
								3a(i)	103	X
										X
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					<u>3b</u>		
4	Describe in Part XIII the intended uses of the							50		
	t VI Land, Buildings, and Equipm		withern fullus.							
	Complete if the organization answered		. Part IV. line 11a.	See Form 990	. Part X.	line 1().			
	Description of property	(a) Cost or o		st or other		ccum		(d) Boo	ok valu	
		basis (investr		s (other)	• •	precia		(4) 200	in vala	0
1a	Land									
b	Buildings									
	Leasehold improvements			15,681.		14	,367.		1,3	14.
d	Equipment			11,951.		184	,532.	2	7,4	19.
	Other			6,500.			<u> </u>		6,5	00.
	I. Add lines 1a through 1e. (Column (d) must ea		X, column (B). line					3	5,2	
		coo, - ur	,	·\-/-/			Schedu	le D (For		

332052 09-25-13

AMERICAN INDIAN	SCIENCE AND	ENGINEERING
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Schedule D (Form 990) 2013 SOCIETY			73-1023474 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Pa	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT IN AISES			
(B) PUBLISHING	246,941.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	246,941.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 000 P	art X line 13
(a) Description of investment	(b) Book value		luation: Cost or end-of-year market value
(1)			y
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Pa	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
	e 25.) 🕨		
 Liability for uncertain tax positions. In Part XIII, provide 		o the organization's fin	ancial statements that reports the
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t		
	the text of the footnote t		

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	edule D (Form 990) 2013 SOCIETY		/3-10234/4 Pa	ye •
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	. 2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	-	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements			
2				
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а				
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		
b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		
b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	
b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	2e	
b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	2e 3	
b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO BE INVESTED IN

PERPETUITY WITH THE INVESTMENT EARNINGS BEING UNRESTRICTED FUNDS TO AISES.

PART X, LINE 2:

EXPLANATION: AISES IS EXEMPT FROM FEDERAL INCOME TAX UNDER SE

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE

FOUNDATION. AISES HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN

THE UNITED STATES OF AMERICA AS THEY RELATE TO UNCERTAIN TAX POSITIONS.

MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF AISES ARE WITHIN THEIR

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

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AMERICAN INDIAN SCIENCE AND ENGINEERING Schedule D (Form 990) 2013 SOCIETY 73-1023474 Page 5 Part XIII Supplemental Information (continued)
CURRENTLY, 2010, 2011 AND 2012 TAX YEARS ARE OPEN AND SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND
REVENUE DEPARTMENT. HOWEVER, AISES IS NOT CURRENTLY UNDER AUDIT, NOR HAS
AISES BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE
EVALUATION OF THE AISE'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS
TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, AISES HAS NOT
RECORDED ANY PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS FOR THE
YEAR ENDED DECEMBER 31, 2013.

Schedule D (Form 990) 2013

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Compl ► Informati	irants and Oth vernments, an ete if the organizatio on about Schedule I	nd Individua on answered "Yes Attach to For (Form 990) and it	Is in the Ŭn i " to Form 990, Pa m 990. s instructions is a	ted States rt IV, line 21 or 22.	00	OMB No. 1545-0047
Name of the organization AMERICAN SOCIETY	INDIAN SC	IENCE AND E	NGINEERIN	IG	0		Employer identification number $73 - 1023474$
Part I General Information on Grants a	and Assistance						75 1023174
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to 	stance? ocedures for monit	oring the use of grant	funds in the Unite	d States.		·	X Yes No
recipient that received more than		-					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	is listed in the line [.]	1 table	he line 1 table				Schedule I (Form 990) (2013)

AMERICAN	INDIAN	SCIENCE	AND	ENGINEERING
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Schedule I (Form 990) (2013)

SOCIETY

73-1023474

Page **2**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	163	242,024.	0.	CASH	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: GRANTS ARE PROVIDED TO THE EDUCATION INSTITUTION OF THE

RECIPIENT FOR APPLICATION AGAINST THE RECEIPIENTS TUITION AND FEES.

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.

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs <u>qov/form990</u> AMERICAN INDIAN SCIENCE AND ENGINEERING Employer identification number 73-1023474

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENCE AND TECHNOLOGY, ENGINEERING AND MATH.

SOCIETY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTERNSHIPS - THE AISES INTERNSHIP PROGRAM IS A SUMMER PROGRAM THAT

PROVIDES QUALIFIED COLLEGE STUDENTS WITH INTERNSHIP OPPORTUNITIES TO

EXPLORE POTENTIAL FEDERAL AND PRIVATE INDUSTRY CAREERS. AISES

CURRENTLY ADMINISTERS FIVE INTERNSHIP PROGRAMS.

EXPENSES \$ 56,090. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THESE INCLUDE SPECIFIC PROGRAMS FUNDED BY PRIVATE FOUNDATIONS AND

INCLUDE REGIONAL COMMUNITY NETWORKS TO SUPPORT THE NATIONAL SCIENCE

FAIR AND THE COLLEGE CHAPTER PROGRAMS.

REVENUE \$ 0. EXPENSES \$ 103,429. INCLUDING GRANTS OF \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE ORGANIZATION HAS ELECTIONS FOR THE BOARD OF DIRECTORS. THE CALL FOR NOMINATIONS IS RELEASED TO AISES MEMBERS AND POSTED ON THE

WEBSITE. AFTER THE NOMINATION DEADLINE HAS PASSED, A BALLOT ALONG WITH ALL

COMPLETE NOMINATIONS ARE COPIED AND E-MAILED AND MAILED OUT TO EACH GENERAL

MEMBER OF AISES FOR VOTING. THE BALLOTS ARE MAILED OR E-MAILED BACK TO

AISES AND A FORMAL BALLOT RECONCILIATION AND COUNTING PROCESS TAKES PLACE.

THE INDIVIDUALS WITH THE MOST MEMBER VOTES ARE ELECTED TO FILL THE VACANT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

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Schedule O (Form 990 or 9	Page 2					
Name of the organization AMERICAN		INDIAN	SCIENCE	AND	ENGINEERING	Employer identification number
	SOCIETY					73-1023474

BOARD OF DIRECTORS POSITIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE ORGANIZATION'S MEMBERS MUST APPROVE CHANGES TO THE

BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE COMPLETED FORM 990 WILL FIRST BE PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, FORM 990 WILL BE SUBMITTED TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THE CHEIF EXECUTIVE OFFICER EACH YEAR UPON BECOMING AWARE OF THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: OFFICER COMPENSATION IS DERIVED FROM SALARY SCALES AND NEW POSITIONS, IE. THE CEO, GET THEIR SCALES BASED ON SURVEYS OF LOCAL NON-PROFIT SCALES, AS WELL AS NATIONAL SCALES. THE SALARY SURVEYS/SCALES ARE BASED ON DIRECT REQUESTS OF DATA, AS WELL AS INFORMATION PUBLICLY AVAILABLE ON GUIDESTAR.ORG. ALL NEW POSITIONS AND SALARIES ARE DISCUSSED/APPROVED AT THE BOD LEVEL. OFFICERS ARE FURTHER INTERVIEWED BY BOTH PROFESSIONAL STAFF AND BOD MEMBERS. MEDIAN FIGURES FOR BOTH LOCAL AND NATIONAL PAY ARE USUALLY TARGETED, UNLESS CANDIDATE PROFILES AND EDUCATIONAL BACKGROUNDS EXCEED THE MEDIAN FIGURES, THEN A SLIGHTLY ELEVATED PAYSCALE MAY BE CONSIDERED AND BUDGETED FOR. 30 10591031 757901 0464100.001 2013.04030 AMERICAN INDIAN SCIENCE AND 04641001

Schedule O (Form 990 or 9	Page 2					
Name of the organization AMERICAN I		INDIAN	SCIENCE	AND	ENGINEERING	Employer identification number
	SOCIETY					73-1023474

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: ANY REQUEST FOR THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS MUST BE MADE IN

WRITING TO THE CHEIF EXECUTIVE OFFICER AND FINANCE DIRECTOR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PART IX LINE 8 TO REMOVE ENTITY INCLUDED IN CONSOLIDATED

FINANCIALS

22,308.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2013)

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SCHEDU (Form 99)			r tnerships line 33, 34, 35b, 36 uctions. t				201 201 Open to P Inspecti	3 ublic		
	the organizat		rmation about Schedule R (Form AN SCIENCE AND ENC	yeridenti -1023	er identification number -1023474					
Part I	Identificati	ion of Disregarded Entities Complet	te if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total incom	e End-of-year a	issets Dire		(f) controlling entity)	
			-							
			_							
Part II	Identificat i organizatio	ion of Related Tax-Exempt Organiz ns during the tax year.	ations Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34 bec	cause it had one or	more relat	ed tax-exe	empt	
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		Section 5 contr ent	olled
			-			501(c)(3))			Yes	No
			-							
			-							
			-							

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

Schedule R (Form 990) 2013 SOCIETY

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	hare of d-of-year				or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
	1										
	1										
	1										
	1										
	-										
	-										
	-										
	4										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	i) tion b)(13) rolled ity?
		country)						Yes	No
AISES PUBLISHING, INC 84-1009435									
2305 RENARD SE SUITE 200									
ALBUQUERQUE, NM 87106	PUBLISHING COMPANY	NM	AISES	C CORP	22,308.	252,343.	88.80%		X

Schedule R (Form 990) 2013 SOCIETY

Part	V Transactions With Related Organizations Complete if the organization answ	wered "Yes" on Form	n 990, Part IV, line 34, 35b,	, or 36.						
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transaction	is with one or more r	elated organizations listed	in Parts II-IV?			x			
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
	b Gift, grant, or capital contribution to related organization(s)									
с	Gift, grant, or capital contribution from related organization(s)				1c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d		X X			
е	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		<u>X</u>			
	Sale of assets to related organization(s)				1g		Х			
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X			
1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х			
	Performance of services or membership or fundraising solicitations by related orga				1m		X X			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
ο	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		_X			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		_X			
s	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1)										
(2)										
(3)										
(4)										
(4)										
(5)										
<u>,-/</u>										

(6)

Schedule R (Form 990) 2013 SOCIETY

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501(c orgs) all s sec.)(3) 5.?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	al or F ging er?	(k) Percentage ownership
			, ,	103				103	NU		103		

Schedule R (Form 990) 2013