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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning, and ending

Form sections A through G: A Check box if address changed; B Exempt under section; C Book value of all assets; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

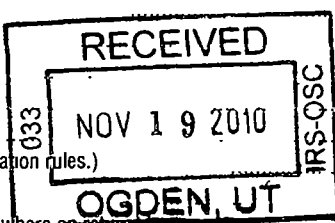
Section H: Describe the organization's primary unrelated business activity. Advertising. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Section J: The books are in care of AAAS. Telephone number 202 326-6693.

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34 including Total deductions and Unrelated business taxable income.



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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34

35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041)

36

**37 Proxy tax.** See instructions

37

**38 Alternative minimum tax**

38

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

40a

**b Other credits** (see instructions)

40b

**c General business credit.** Attach Form 3800

40c

**d Credit for prior year minimum tax** (attach Form 8801 or 8827)

40d

**e Total credits.** Add lines 40a through 40d

40e

**41 Subtract line 40e from line 39**

41 0.

**42 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

42

**43 Total tax.** Add lines 41 and 42

43 0.

**44a Payments:** A 2008 overpayment credited to 2009

44a 375,000.

**b 2009 estimated tax payments**

44b

**c Tax deposited with Form 8868**

44c

**d Foreign organizations: Tax paid or withheld at source** (see instructions)

44d

**e Backup withholding** (see instructions)

44e

**f Other credits and payments:**  Form 2439

Form 4136  Other Total

44f

**45 Total payments.** Add lines 44a through 44f

45 375,000.

**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached

46

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed

47

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 375,000.

**49 Enter the amount of line 48 you want:** Credited to 2010 estimated tax

Refunded

49 375,000.

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

**1** At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and

Yes No

**2 Financial Accounts.** If YES, enter the name of the foreign country here

During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file

**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

**1** Inventory at beginning of year

1

**2** Purchases

2

**3** Cost of labor

3

**4a** Additional section 263A costs

4a

**b** Other costs (attach schedule)

4b

**5 Total.** Add lines 1 through 4b

5

**6** Inventory at end of year

6

**7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2

7

**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of preparer: *Philip J. Blair* Date: *11/15/2010*

CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer's Use Only

Preparer's signature

Date: *NOV 11 2010* Check if self-employed

Preparer's SSN or PTIN

Firm's name (if self-employed), address, and ZIP code

*TRAVIS L PATTON P00369623  
PRICEWATERHOUSECOOPERS LLP 13-4006324  
1301 K STREET, N.W., WASHINGTON, DC 20005-3333*

EIN  
Phone no. *202-414-1000*

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
 (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
 (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) SCIENCE	16,064,373.	17,277,360.				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	16,064,373.	17,277,360.	<1,212,987.>			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	16,064,373.	17,277,360.				0.
<b>Totals, Part II (lines 1-5)</b>	16,064,373.	17,277,360.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T	Other Income	Statement 1
Description	Amount	
Advertising in Annual Meeting Program	11,125.	
Total to Form 990-T, Page 1, line 12	11,125.	

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**  
 Total dividends-received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) AAAS Science International					
(2) Inc	52-1833877				
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2) 221,813.				
(3)				
(4)				

Totals **0.** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). **0.**