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Form **990**

Return of Organization Exempt From Income Tax

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Form **990** (2008)

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

\overline{A}	For the	2008 cal	endar yea	ar, or tax ye	ar beginnin	g		9/	1/2008			and er	nding	8/	31/2	2009			
В	Check if a	pplicable	Please	C Name of	organization		nternati	onal A	cademy	of S	cience			D Employ	er ide	entification r	umber		
	Address	change	use IRS label or	Doing Bu	siness As			-						43-14993	72				
\Box	Name ch	ange	print or	Number a	and street (or F	P.O b	ox if mail is	s not deli	vered to st	reet a	ddress)	Ro	om/suite			mber			
П	initial retu	nw	type. See	 26900 Eas	•									816-229-3	800				
Ħ	Terminati	ion	Specific		wn, state or co			4						0.10 2.00 0					
=	Amended		Instruc- tions	Independe		•			MO		640	57-32	284	G Gross re	ceipts	s \$	2,	026,408	
=		on pending		ame and ad		cınal	officer:							this a group return for affiliates? Yes			s X No		
_	• •			ia Sanchez				10 64	240				l '					$\overline{}$	
						_					1			If "No," attach				۰۰۰ ا	
_		mpt status	_=_		3) ◄ (inse	rt no.)	4947	a)(1) or		527						Lilonsy		
<u>J 1</u>	<u>Website</u>	: ► wwv								•	· · · · · ·		H(c) Gr	Group exemption number					
K	Type of or	rganization	X Co	rporation	Trust	Asso	ociation	Ot	her ►			L Year	of forma	ition 198	8	M State of	egal domici	e MO	
F	Part I	Sur	nmary																
	1	Briefly d	escribe t	the organiz	ation's mis	sion	or most	sıgnifi	cant act	vitie	s:								
		The adv	ancemei	nt of scienc	e and scie	ntific	educat	ion.											
9																			
nan.																			
Activities & Governance	2	Check th	nis box	▶ if th	e organiza	tion (discontii	nued it	s operat	ions	or disp	osed (of more	e than 25%	of r	ts assets.			
ğ	3	Number	of voting	g members	of the gov	ernır	ng body	(Part V	/I, line 1	a) .					L	3		5	
es B	4	Number	of indep	endent vot	ing membe	ers o	f the gov	verning	body (F	art \	/I, line	1b) .				4		5	
ž	5			employees											L	5		0	
Acti	6			volunteers											L	6		7	
	7a	Total gro	oss unrel	lated busin	ess revenu	ie fro	m Part	VIII, lin	ie 12, co	lumr	n (C) .					7a		0	
	b	Net unre	lated bu	isiness taxa	able incom	e fro	m Form	990-T	line 34	<u> </u>			<u> </u>			7b		0	
	İ													Prior Year			Current Ye		
_	8			d grants (P											8,2			448,166	
Revenue	9	Program service revenue (Part VIII, line 2g)								4	66,2	296		<u>563,567</u>					
	10															0		-20,637	
•	111		•	Part VIII, co												_0		0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1–3)								12)		4	74,5		1,	991,096			
	13															0		0	
	14		•	or for mem	•			•						· · · · · · · · · · · · · · · · · · ·	0			00	
S	15			ompensation										49,778			38,67		
ens(16a			draising fee												<u> </u>		0	
Expenses	_b		_	expenses	•							0	<u> </u>		45.4	104		000 007	
_	17			(Part IX, co											45,4			<u>322,227</u>	
	18	•		Add lines 1	•				umn (A)	, iine	25).	•			95,2 79,3			<u>360,904</u> 630.192	
	19	Hevenue	e iess ex	penses. Su	ubtract line	1811	rom line	12.	· · · ·	•	• • •	•	Br	eginning of Y		31	End of Yes		
Net Assets or	20	Total acc	sots (Pai	rt X, line 16	٤١										08,3	189		089,247	
Asse	21			Part X, line											64,9			15,594	
ž Š	22			nd balances							• •	.			43,4		2	073,653	
	rt II		nature		o. Oubildor		21 110111	11110 20	<u> </u>	···	· · · ·	•			, .			0.0,000	
				of perjury, I de	eclare that I ha	ve ex	amined this	s return.	including a	ccom	panying s	chedule	es and st	atements, and	to th	e best of my	knowledge		
ı				rue, correct, ar															
						1	RE	CEI	/ED										
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He	-		Signature o			9	IA A I	9 7	2010	18				Date	•	•			
ne	16	N .	Dr. Marı	a Sanchez		12	JAN	2 1	2010	Q		Presid	lent						
				int name and t	itle	↓ `↓				(3)					1.				
_	_	Prepa				1	OG		, U	te-		Ch	eck if			reparer's ide ee instructions		ber	
Pai		signat	tule	ç	SELF-PREP	AHET	THETT		, U				nployed	▶□	1,2,	oo manuunung	,		
	parer's	i Pilitis	s name (or		ITLF	,,,,, <u>,,</u>						1	, -	EIN	<u> </u>				
Us	e Only	if self-employed),																	
			ss, and ZIF											Phone no	_	 -		<u> </u>	
Ma	v the IF	RS discus	s this ret	turn with th	e preparer	shov	wn ahov	ie? (se	e instruc	tions	3)						l Yes	X No	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	990 (2008) International Academy of Science	43-1499372	Page 2
Pa	Statement of Program Service Accomplishments (see instructions)		
ı	Briefly describe the organization's mission:		
	The advancement of science and scientific education.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. Yes	X No
	If "Yes," describe these changes on Schedule O.		٠.٠٠ ــــ
1	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ame allocations to others, the total expenses, and revenue, if any, for each program service reported.		and
	anocation to datato, and total expenses, and revenue, it any, for each program estates repetition.		
4a	(Code:) (Expenses \$ 360,904 including grants of \$ 0) (Revenue State Academy sponsors a Fellowship Program which offers Masters and Doctorate Degrees in Research. The Masters is a two-year program, and the Doctorate a four-year program. The programs require extens	sive	
	hands-on work in the lab, where new, environmentally responsible technologies are developed. Average enrollment is currently maintained at 25 students, with all the students on research fellowships. During the	ne year	
	the International Academy of Science has maintained a dedicated connection to the Internet and a register		
	domain name, science.edu, thereby providing Internet access to the faculty and students. The Internet achas been a valuable research tool at the Academy.		
b	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$		
	•••••••••••••••••••••••••••••••••••••••		
	••••••		
c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		0)
			• • • • • • • • •
			· · · · · · · · · · · · · · · · · · ·
ld	Other program services. (Describe in Schedule O.)		
_	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
le	Total program service expenses ▶ \$ 360.904 (Must equal Part IX, Line 25, colum		

Pai	rt 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	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
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		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	!		
	Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	1
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4-	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 on Part IX, column (X), line Tres, "complete Schedule G, Part II Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		 	X
19	Did the organization report more than \$15,000 total off Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	l	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	lacksquare	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III.	27		Y

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Х 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," Х 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

rai	Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	· -	,,,,,	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	2-	1	х
L	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3a</u> 3b		 ^
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		х
ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ŀ
	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		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	ļ	Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		х
b	\$75?	- /a 7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		^
а	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		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
2a	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			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			1
1a	Enter the number of voting members of the governing body			ļ
þ	Enter the number of voting members that are independent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- '
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			,
а	The governing body?	8a_	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Χ_	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	ļ	ļ
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	_10	<u> </u>	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	١		١.,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<u> </u>	X
Sect	ion B. Policies			
		40-	Yes	No X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	 ^-
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		1
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122	ŀ	
10	describe in Schedule O how this is done	12c 13	-	X
13	Does the organization have a written whistleblower policy?	14	$\vdash \vdash$	x
14	Did the process for determining compensation of the following persons include a review and approval by	- 		 ^
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization's CEO, Executive Director, or top management official?	15a	i	×
a b	Other officers or key employees of the organization?	15b		X
b	Describe the process in Schedule O. (see instructions).	 		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
104	with a taxable entity during the year?	16a	•	х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
•	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b	•	•
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the states with which a copy of this voim 330 is required to be mice.	nlv)		
	available for public inspection. Indicate how you make these available. Check all that apply.	,,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
. 3	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	organization: ► International Academy of Science 816-229-38			
	26900 E. Pink Hill Road, Independence, MO 64057-3284	· Y		
	2000 E. I IIIK TIIII TOGG, MOODONOO, MO 07007-0207			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title .	Average hours per week	Po or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dr. Maria Sanchez Pres. & Director	10.	x		x		<u>ă</u>		0	0	
Dr. Eileen Dayton Director	3.	х						0	0	-
D. Bradley Eyre Director	1.	х						0	0	·
Don Fenn Director	3.	х						0	0	
Jody Sauer Director	1.	х						0	0	
Valerie Potter V. Pres & Treas.	10.			x				0	0	
Stacy Clark Secretary	3.			х				0	0	
	0.							0	0	
	0.							0	0	
	0.		Ц	_				0	0	
	0.			_				0	0	
	0.							0	0	
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	0.							0	0	
	0.							0	0	

P	art VII Section A. Officers, Directors, Tre	ustees, Key En	ploy	/ees	, and	Hiç	hes	t Coi	mpensated Em	ployees (contin	ued)
	(A)	(B)			-	C)			(D)	(E)	(F)
	Name and title	Average hours per	-				hatap Tor I		Reportable compensation	Reportable compensation	Estimated amount of
		week	or director	nstitutional 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
		0.							0	0	
		0.							0	_0	
		0.							0	0	
		0.							0	_0	
		0.							0	0	
		0.							0	0	
		0.							0	0	
		0.							0	0	(
		0.							0	0	
		0.							0	0	
		0.							0	0	
		0.		ļ					0	0	:
		0.						_	0	0	
1b 2	Total			<u> </u>	<u></u>	· · ·		000.	0	0	*h-o
2	Total number of individuals (including those organization ► 0	in ra) who rece	iveu	mor	e ma	III D	100,0	וו טטו	reportable con	npensation nom	trie
	0.34										Yes No
3	Did the organization list any former officer, a employee on line 1a? <i>If "Yes," complete Sci</i>										3 X
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual	reater than \$15	0,00	0? If	"Yes	s, " <i>c</i> (ompl	ete S	Schedule J for s	uch	i
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	ccrue compens	ation	fron	n any	y uni	relate	ed or	ganization for		
Sec	ction B. Independent Contractors	33, complete c	0,,00	0.00	701	ou or r	por			<u></u>	<u>/</u>
1	Complete this table for your five highest concompensation from the organization.	npensated inde	pend	ent c	ontr	acto	rs tha	at rec	ceived more tha	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	vices ((C) Compensation
											(
											
											(
											(
2	Total number of independent contractors (in compensation from the organization	cluding those in	•	vho r	ecei	ved r	nore	thar	\$100,000 in		

Form **990** (2008)

Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or , exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a	0				
a Ju	Ь	Membership dues		1,500				
ع ۾	c	Fundraising events		0				
ra Fa	d	Related organizations		0				
9.5	e	Government grants (contributions)						
동등	4							
ig je	'	All other contributions, gifts, grants similar amounts not included above		1 446 666				
Contributions, gifts, grants and other similar amounts	_			1,446,666				
S E	g	Noncash contributions included in I		1,444,927	1 440 166			
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	Business Code	1,448,166			
Program Service Revenue		Educational Business			-	500 400		
9.0	2a		·	•	563,482			
e e	Ь	Book Sales			85	85		
5	C					<u> </u>		
Š	d				0			
E E	е				0			
Ş	f	All other program service revenue .			0			
	g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	563,567		···	
	3	Investment income (including divide	ends, interest	, and				
		other similar amounts)		🕨	0	0	0	0
	4	Income from investment of tax-exer	mpt bond pro	ceeds 🕨	0	0	0	0
	5	Royalties	<u>,</u>		0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less: rental expenses		<u> </u>				
	c	Rental income or (loss)		0	o			
	d	Net rental income or (loss)			٥ -	lo	0	0
	7a	Gross amount from sales of	(i) Securities					
		assets other than inventory		0 14,67	·5			
	ь	Less: cost or other basis		1,	Ť			
		and sales expenses		0 35,31	9			
	c	Gain or (loss)		0 -20,63				
	ď	Net gain or (loss)			-20,637	-20,637	•	
	8a	Gross income from fundraising		· · · · · · · · · · · · · · · · · · · 	20,007	20,007		
e	02	events (not including \$	0					
ē	[of contributions reported on line 1c						•
ě		See Part IV, line 18				:		
7	, h	Less: direct expenses						
Other Revenue		Net income or (loss) from fundraising			<u> </u>			
0		Gross income from gaming activitie	_	·				
	34	See Part IV, line 19			ما			
	1	Less: direct expenses			0			
		Net income or (loss) from gaming a	cuvilles	·	<u> </u>			
	IUa	Gross sales of inventory, less						
	١.	returns and allowances			肖			
		Less: cost of goods sold			씍 ^			
	<u> </u>	Net income or (loss) from sales of i	nventory	Business Code	0			
	<u> </u>	Miscellaneous Revenue			ㅋ .		•	0
		None		.	0	· · · · · ·	0	0
	Ь	0		·	0			
	C	All d			0			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d			, 0	-		
	12	Total Revenue. Add lines 1h, 2g, 3		_	1 004 000	F 40 000	_	_
	i	9c, 10c, and 11e			1,991,096	542,930	0	L0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		Схрензез	gonorar oxportoco	ОДРОПОС
	organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		•		
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				_
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	34,205	34,205	0	0
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	4,472	4,472	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):			0	•
a	Management	0 176	0 176	0	0
b	-	0	0	0	0
d	Accounting	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	0	0	0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	181,077	181,077	0	0
14	Information technology	5,924	5,924	0	0
15	Royalties	0	0	0	0
16	Occupancy	39,141	39,141	0	0
17	Travel	40,542	40,542	0	0
18	Payments of travel or entertainment expenses		• • • • • • • • • • • • • • • • • • • •		
	for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings	47,578	47,578	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	7,170	7,170	0	0
23	Insurance	46	46	0	0
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Memberships/Dues/Subscriptions	573	573	0	0
þ		0	0	0	0
С		0	0	0	0
d		0	0	0	0
е		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	360,904	360,904	0	0
26	Joint Costs. Check here ▶ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising	Į			
	solicitation				

Р	art X	Balance Sheet		•				
			(A) Beginning of year			(B End of		
	1	Cash-non-interest-bearing	91,341	1			24	4,801
	2	Savings and temporary cash investments	0	2				0
	3	Pledges and grants receivable, net	0	3				0
	4	Accounts receivable, net	129,149	4			16	4,610
	5	Receivables from current and former officers, directors, trustees, key			1			
		employees, or other related parties. Complete Part II of Schedule L	0	5				0
	6	Receivables from other disqualified persons (as defined under section			1			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		_				
		Part II of Schedule L	0	6	ļ			0
Assets	7	Notes and loans receivable, net	0	7				C
986	8	Inventories for sale or use	0	8				C
Ä	9	Prepaid expenses and deferred charges	0	9				C
	10a	Land, buildings, and equipment: cost basis 10a 1,728,959						
	b	Less: accumulated depreciation. Complete			1			
		Part VI of Schedule D	1,687,899	10c			1,67	9,836
	11	Investments-publicly traded securities	0					0
	12	Investments-other securities. See Part IV, line 11	0	12				0
	13	Investments-program-related. See Part IV, line 11	0	13				0
	14	Intangible assets	0	14	1			0
	15	Other assets. See Part IV, line 11	0					0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,908,389	_			2.08	9,247
	17	Accounts payable and accrued expenses	24,397	17				5,594
	18	Grants payable	0	18				0
	19	Deferred revenue	0	19				0
	20	Tax-exempt bond liabilities	0	20				0
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21		-		
	22	Payables to current and former officers, directors, trustees, key			_			
		employees, highest compensated employees, and disqualified			1			
Ë		persons. Complete Part II of Schedule L	o	22				0
	23	Secured mortgages and notes payable to unrelated third parties	1,440,531	23				0
	24	Unsecured notes and loans payable	0	24				0
	25	Other liabilities. Complete Part X of Schedule D	0	25				0
	26	Total liabilities. Add lines 17 through 25	1,464,928	_			1	5,594
			.,					
S		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.						
Š		· · · · · · · · · · · · · · · · · · ·						
<u>a</u>	27	Unrestricted net assets		27	<u> </u>			
8	28	Temporarily restricted net assets	-	28				
2	29	Permanently restricted net assets		29				
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ► X						
ō		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds	_	30				0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31				0
¥,	32	Retained earnings, endowment, accumulated income, or other funds.	443,461	32			2,07	3,653
ž	33	Total net assets or fund balances	443,461	33			2,07	3,653
	34	Total liabilities and net assets/fund balances	1,908,389	34				9,247
Pa	rt XI	Financial Statements and Reporting						
		<u></u>					Yes	No
1		counting method used to prepare the Form 990: Cash X Accrua						
2		ere the organization's financial statements compiled or reviewed by an indep	endent accountant?		. L	2a		X
1		ere the organization's financial statements audited by an independent accour				2b		Х
(Yes" to lines 2a or 2b, does the organization have a committee that assumes				T		
	au	dit, review, or compilation of its financial statements and selection of an inde	pendent accountant?.		. [2c		
3		a result of a federal award, was the organization required to undergo an aud			Γ	\neg		
		e Single Audit Act and OMB Circular A-133?			. [3a		Х
1		Yes," did the organization undergo the required audit or audits?				3b		

SCHEDULE'A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

Name	of the	organization	·····					<u>-</u>	Employe	r identificat	tion numb	er	
		nal Academy							43-1499				
Pa				harity Status (All or					rt.) (see	instruction	ons)	-	
ine 1	orgar		•	lation because it is: (Pl		•	-	-	/b\/1\/ <i>b</i> \/	i)			
-	片			irches, or association on 170(b)(1)(A)(ii). (A)			eu iii se c	ilon 170	ארואאו	·)·			
2	冶					•		470/L\/4\	/A\/:::\ //	Attach Ca	bodulo l	٠.	
3	H			hospital service organi									
4		hospital's na	ame, city, and st	***********									
5	Ш			r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nit desc	ribed	
6		A federal, st	ate, or local gov	rernment or governme	ntal unit c	described	ın sectio	n 170(b)(1)(A)(v).				
7		_		ly receives a substanti (1)(A)(vi). (Complete	-	its suppo	rt from a	governme	ntal unit	or from th	e gener	al publ	ic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete I	Part II.)						
9		receipts from	n activities relate n gross investme	ly receives: (1) more the document to its exempt function to income and unrelated after June 30, 1975.	ons—sub ted busın	ject to cei ess taxab	tain exce le income	ptions, ar e (less sec	id (2) no i ction 511	more thar	33 1/3	% of its	
10		An organiza	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee sectio	n 509(a)((4) . (see ı	nstructio	ons)	
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Other											
		a Type I b Type II c Type III–Functionally integrated d Type III–Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
е	L_J	persons other		on managers and othe									on
f		_	zation received	a written determination			it ıs a Typ	oe I, Type	II, or Typ	e III supp	orting		
g		Since Augus following pe		the organization acce	pted any	gift or cor	tribution :	from any	of the				
				or indirectly controls,								Yes	No
				verning body of the su							11g(i)		
		• •	•	person described in (i by of a person describe	•						11g(ii)		
h				ation about the organi							11g(iii)	L	
		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the orgai col.(i)	ou notify nization in of your port?	organıza (i) organ	Is the tion in col ized in the S?		Amount support	of
				(coo mon conon	Yes	No	Yes	No	Yes	No	1		
													0
													0
		•											0
													0
		<u></u> .											0
Tota													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 0 0 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf O 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 Total Add lines 1-3 0 0 0 0 0 0 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 0 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 7 Amounts from line 4 0 0 0 0 0 0 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 11 Total support. Add lines 7 through 10. 0 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 0.00% 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

Schedule A (Form 990 or 990-EZ) 2008 43-1499372 International Academy of Science Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 0 0 Gross receipts from admissions, merchandise sold or services performed, 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 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 ıts behalf The value of services or facilities furnished by a governmental unit to the 0 organization without charge 0 0 0 0 0 0 **Total.** Add lines 1-5 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 1% of the total of lines 9, 10c, 11, and 12 for 0 the year or \$5,000 0 0 0 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) . Section B. Total Support **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 0 0 Amounts from line 6 0 0 0 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly 0 carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 0 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 0.00% 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 0.00% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 0.00% 17 18 0.00% 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV	n 990 or 990-EZ) 2008 Supplemental	Information. Co	ademy of Science emplete this part	to provide the ex	planation required	43-1499372 by Part II, line 10;	Page 4
	Part II, line 17a	or 17b; or Part I	II, line 12. Provid	le any other addit	ional information.	(see instructions)	
							
		• • • • • • • • • • • • • • • • • • • •					
_							
			• • • • • • • • • • • • • • • • • • • •				
			· · · · · · · · · · · · · · · · · · ·	•			
				••••••	• • • • • • • • • • • • • • • • • • • •		
					· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •						•••••	
					• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2. Inspection

Employer identification number

Inter	national Academy of Science		43-1499372	
Par				
	the organization answered "Yes" t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d	lonor advisors in writing that the assets he	eld in donor advised	
	funds are the organization's property, subje-			
6	Did the organization inform all grantees, do			
	used only for charitable purposes and not for			
	impermissible private benefit?			
Par	Conservation Easements, Comp	plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held			
t			on of an historically important land area	
	Preservation of land for public use (e.g.		• •	
	Protection of natural habitat	Preservation	on of certified historic structure	
	Preservation of open space			
2	Complete lines 2a-2d if the organization he	ld a qualified conservation contribution in	the form of a conservation easement	
	on the last day of the tax year.			
			Held at the End of the Year	
а	Total number of conservation easements .		2a	
b	Total acreage restricted by conservation ear		-	
C	Number of conservation easements on a ce	ertified historic structure included in (a).	<u>2c</u>	
d	Number of conservation easements include			
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization	
	during the taxable year			
4	Number of states where property subject to			
5	Does the organization have a written policy			
	enforcement of the conservation easements			
6	Staff or volunteer hours devoted to monitoring			
7	Amount of expenses incurred in monitoring,			
8	Does each conservation easement reported			
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization r			
	balance sheet, and include, if applicable, the		financial statements that describes	
D-	the organization's accounting for conservation			
Part	Complete if the organization answere	ons of Art, Historical Treasures, or Oth	er Similar Assets.	
1a	If the organization elected, as permitted und			
	art, historical treasures, or other similar asso			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und			
	historical treasures, or other similar assets h		search in furtherance of public	
	service, provide the following amounts relati	-		
	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X.	II, line 1	▶ \$ <u> </u>	
2	If the organization received or held works of		assets for financial gain, provide the	
	following amounts required to be reported u	nder SFAS 116 relating to these items:		
а	Revenues included in Form 990, Part VIII, li	ne 1	· · · · · ▶ \$	
b	Assets included in Form 990, Part X		> \$	

Schedule D (Form 990) 2008 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Using the organization's accession and other records, check any of the following that are a significant use of its collection 3 items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c C 1d d 1e e 1f 0 f Yes | X | Did the organization include an amount on Form 990, Part X, line 21? . No If "Yes." explain the arrangement in Part XIV. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . b Contributions Investment earnings or losses. Grants or scholarships d Other expenditures for facilities and programs Administrative expenses . . . End of year balance g Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment а Permanent endowment b Term endowment C Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) (i) 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. (a) Cost or other basis Description of investment (b) Cost or other (c) Depreciation (d) Book value (investment) basis (other) 1a Land 0 1.500.000 1,500,000 0 22,044 0 22.044 b Buildings 0 0 0 Leasehold improvements 0 C 157,792 147,805 34,423 Equipment 44,410 ol 14,700 14,700 0 Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 1.679.836

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products	. 0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0	 	
Total (Column (b) should equal Form 990, Part X, col (B) line 12)	0		-
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	·
	0		
	0		
	0		
	0	 	
			
	0		
	0		
	0		
	0		
	0		
Total (Column (b) should equal Form 990, Part X, col (B) line 13)	0	<u> </u>	
Part IX Other Assets. See Form 990, F	a) Description	(b) F	Book value
	a) Description	(0)	COOK VAIGO

			(
			(
			(
			(
Total. (Column (b) should equal Form 990, Part X		<u> </u>	
Part X Other Liabilities. See Form 990), Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes	-	_0	
		_0	
		_0	
	<u> </u>	0	
		_0	
		_0	
		_0	
		0	
		0	
		<u>0 </u> 0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		<u></u>	
(See 11) (a) and a square square come and the square (a) and the		VI	

Sched	ule D (Form 990) 2008				Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	o Financial Stateme	ents	·	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		0
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		0
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		0
4	Net unrealized gains (losses) on investments	<i></i>	4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4–8		9	<u> </u>	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 a		10		0
Par	t XII Reconciliation of Revenue per Audited Financial Statem			Return	
1	Total revenue, gains, and other support per audited financial statements .		L	1	
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	_		
C	Recoveries of prior year grants	2c		- 1	
d	Other (Describe in Part XIV)	2d	_		
е	Add lines 2a through 2d		L:	2e	0
3	Subtract line 2e from line 1		⊢	3	0
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 XIV)	4b			
C	Add lines 4a and 4b		. L	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, Iir			5	0
Par	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expens	es p	er Return	
1	Total expenses and losses per audited financial statements		L	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ŀ	i	
а	Donated services and use of facilities	2a	_	İ	
b	Prior year adjustments	2b	_		
C	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)		_		
е	Add lines 2a through 2d		L	2e	0
3	Subtract line 2e from line 1		 -	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIV)	4b	_		
C	Add lines 4a and 4b		. _	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, I	ine 18.)		5	0
Par	t XIV Supplemental Information				
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part X	XIII, lines 2d and 4b.			
			·		
••••					,
					,

1.	International Academy of Science	43-1499372	_
Schedule D (Form	990) 2008		Page 5
Part XIV	Supplemental Information (continued)		
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			•
	••••••		

SCHEDULE E (Form 990 or 990-EZ)

Schools

To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

990-EZ, Part VI, line 48. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

International Academy of Science

43-1499372

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	-
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	x	
	All literature and published announcements about the educational programs of the Academy include the phrase, "The International Academy of Science does not discriminate on the basis of race, color, religion, sex, or national origin in either education or employment."		_^	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b_	х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		×	
	with student admissions, programs, and scholarships?	4c 4d	x	
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	40	_^	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	_5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h_		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	×	

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

International Academy of Science

Employer identification number 43-1499372

Part l	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) nod of de revenu		9
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	1						
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		··· ·					
9	Securities—Publicly traded.							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
• • •	or trust interests			1				
12	Securities—Miscellaneous.		· · · · · · · · · · · · · · · · · · ·					
13	Qualified conservation		· · · · · · · · · · · · · · · · · · ·					
13								
	contribution (historic							
14	structures)				-			
14		ľ		1				
15	contribution (other)							
16	Real estate—Commercial .	х		1,440,531	Mortgage	a value		
17	Real estate—Other		I	1,440,551	Iviorigage	5 value		
18	Collectibles	 						
19	Food inventory			 				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						_	
24	Archeological artifacts						-	
25	Other ► (Christmas Trees)	Х		4,396	FMV			
26	Other • ()	····	0					
27	Other • (0					
28	Other ► (<u> </u>			
			0					
29	Number of Forms 8283 received	•	•					
	which the organization complete	d Form 82	283, Part IV, Donee Acknow	vledgement	29			
							Yes	No
30 a	During the year, did the organiza		•		-28	ſ		
	that it must hold for at least three	•				I		
	required to be used for exempt p	•	- ·	?		30a		<u>X</u>
b	If "Yes," describe the arrangeme					ſ		
31	Does the organization have a git					I		
	contributions?					31		X
32 a	Does the organization hire or us	•	-	•				
	noncash contributions?					32		X
b	If "Yes," describe in Part II.							
33	If the organization did not report	revenues	in column (c) for a type of p	property for which column (a)	is			
	checked, describe in Part II					1 '		

Schedule M (F	orm 990) 2008 Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
	ozo, and oc. Allo complete the part for any additional morniation.
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

International Academy of Science	43-1499372
Form 990 Part VI Section A Line 10 The completed 990 is reviewed thoroughly by the president	
to filing the 990 with the IRS.	
Form 990 Part VI Section C Line 19 No documents available to the public.	
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