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

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

OMB No 1545-0047

Open to Public Inspection

		the Treasury Je Service	•	· The org	ganization may ha	ve to use a	copy of this re	turn to satisfy	·, state r	eporting	requirements			pection	
					x year beginning		9/1/200			ending		1/2010			
	heck if ap		Please	_	e of organization		onal Acaden	ny of Science	e		D Employer			ber	
$\square$	ddress (	change	use IRS label or	Doin	g Business As				-		43-1499372	2			
=	lame ch	-	print or		ber and street (or P	O box if mail is	s not delivered t	to street address	s)	Room/suite			r		
=	nitial retu	-	type. See		East Pink Hill R				<i>'</i>		816-229-38				
=	erminate		Specific		or town, state or cou		+ 4				010 220 00				
=	mended		instruc- tions	I	endence	,,		10 6	34057-	3284	G Gross rec	eipts \$		8:	35,704
=		on pending			d address of princ	inal officer					this a group retu	ım for a	ffiliates2		X No
ш,	.ррос							- MO 6405	. 7	1 ' '			Ē	<del></del> 7	=
					hez 3301 South		1			_ ' '	re all affiliates in		_	Yes	No
<u> </u>	ax-exe	mpt status	X 50	11(c) (	3 ) <b>◄</b> (inser	t no )	4947(a)(1)	or 527		→	"No," attach a li	•			
JW	ebsite/	: ► wwv								H(c) G	roup exemption	number	<u> </u>		
KF	orm of o	rganization	X co	rporation	Trust	Association	Other ▶		LY	ear of form	nation 1988	M S	State of legal	domicile	<u>MO</u>
Р	art l	Sur	nmary												
	1			the orga	anızatıon's mıss	on or most	significant a	ctivities							
	1	The adv	anceme	nt of sc	ience and scien	tıfic educati	on								
82															<b>-</b>
Activities & Governance			<b></b>	<u></u>											
ŏ	2	Check th	ns box	▶ 🔲	if the organizati	on discontii	nued its ope	rations or dis	spose	d of mor	e than 25% o	of its ne	et assets		
<b>45</b>	3	Number	of voting	g memb	pers of the gove	rning body	(Part VI, line	: 1a)	-		-	3			<u> </u>
ties	4	Number	of indep	endent	voting member	s of the gov	erning body	(Part VI, lin-	e 1b)		•	4			5
Ž	5	Total nu	mber of	employ	rees (Part V, line	e 2a)					•	5			0
¥	6				ers (estimate if						٠	6			10
	7a	_			usiness revenue							7a			0
	b	Net unre	lated bu	<u>ısiness</u>	taxable income	from Form	990-T, line (	<u>34 .                                    </u>	·		•	7b			0
			_			41.5					Prior Year	0.400	Cur	rent Year	
۰	8				s (Part VIII, line				•	ļ		8,166			10,063
Ē	9				ue (Part VIII, line			-	•			3,567		8	<u>25,254</u>
Revenue	10				rt VIII, column (/						-2	0,637			387
_	11				I <del>, column (A), lir</del>					-	4.00	0.00			25 704
	12	Counts	enue po	dunes	արան բան (Partel	equal Part	VIII, COIUMN (A	A), line 12)		<del></del>	1,99	1,096 0			35,704 0
	14	Bonofita	nad to	or for p	combers (Part 6	2 column //	(A), lines I— A) line (A)	3)							<del></del>
	15	Salaries	Sher d	handen	nembers (Part ) sation? @mploye	e henefits (	n, iiile + <i>i</i> Part IX colu	mn (A) lines	s 5–10	" <del> </del>	3			16,468	
803	16a	Professi	official fun	HH Mera	g fees (Part IX)	Mumn (A)	line 11e)	(71), III.C.	30 10	" <b>-</b>	<u>~</u>	8,677 0			0
Expenses	ь				ses (Part IX, co			•		0	atherine the constitution	<b>我</b> 相信	and the state of the state of		ا ځه رسې
Ä	17				Columb (A), III					-		2,227			27,660
	18				es 13–17 (must			(A), line 25)				0,904			44,128
	19				Subtract line			, ,, ,				0,192		2	91,576
2 8										Begi	nning of Curren	t Year	End	d of Year	
ssets or Balances		Total as:	sets (Pa	irt X, lin	e 16)		-			L	2,08	9,247		2,3	82,294
₹ 5	2	Total lial	bilities (F	Part X, I	line 26) .							5,594			17,065
25					nces Subtract I	ine 21 from	line 20 .				2,07	3,653		2,3	65,229
Pa	rt II		<u>nature</u>												
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\$ .		and	Jeliei, it is t	ilde, come	sci, and complete D	eciaration of pr	eparer (outer un	an onicer, is ba	iscu oii i	an unomia	BOIL OF WHICH PIC	parci na	is any known	age	
⊋			علاد	úo. Sc	inchez						ΙQ	عسد	18,20 ياء	311	
՝ Sig		· I ▶ ·	Signature	of officer							Date				
' Hei	re		Dr. Man						Pre	sident					
			Type or pr												
			arer's					Date		Check if			rer's identify	ing numb	er
Paid	d	signa	ture		QELE DDEDA	סבת פבדי	IDN			self- employed	. ▶□	(see in	istructions)		
Pre	parer's	S Firm's	s name (or	r yours	SELF-PREPA	WED KEIL	<u> </u>	<u> </u>		Cimpioyeu	T .				
Use	Only		-employed	-	<b>—</b>	· · · · · · · · · · · · · · · · · · ·		<del></del>			EIN		<del></del>		
			ess, and ZI		7						Phone no	•			
Max	the IF	RS discus	s this re	turn wi	th the preparer:	shown abov	e? (see inst	ructions)					1 1	Yes	X No

Form	990 (2009) International Academy of Science	43-1499372	Page 2
Pa	Statement of Program Service Accomplishments		
1	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 li	<del></del> 1	
	the prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progreservices?	. Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report allocations to others, the total expenses, and revenue, if any, for each program service reported		d
4a	· · · · · · · · · · · · · · · · · · ·		641)
	The Academy sponsors a Fellowship Program which offers Masters and Doctorate Degrees in Re		
	The Masters is a two-year program, and the Doctorate a four-year program. The programs require hands-on work in the lab, where new, environmentally responsible technologies are developed enrollment is currently maintained at 25 students, with all the students on research fellowships. If the International Academy of Science has maintained a dedicated connection to the Internet and	Average annual During the year a registered	
	domain name, science edu, thereby providing Internet access to the faculty and students. The In has been a valuable research tool at the Academy. The International Academy of Science also p		
	courseware to public and private schools throughout the country. The online courseware is primathematics and reading		
4h	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (R	evenue \$	0.)
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	·		
	•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$0 including grants of \$0 ) (R	evenue \$	0)
	•		
			••
	•		
	•		
	•••••		
4d	Other program services (Describe in Schedule O )	0.1	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

537,520

4e Total program service expenses ▶

Form **990** (2009)

Par	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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	L
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II .	4		Х
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 similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	1	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		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>⊢'</b> →		$\stackrel{\sim}{-}$
8		8		
_	complete Schedule D, Part III	<b>⊢°</b> ⊢		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1 !		1
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	i		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12		'		
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<del>-^</del>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	·			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	''		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	45		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	$\Box$	X
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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		Х

Par		.000.12		<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	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		
<b>25a</b>	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		^
U	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		i	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		_
20	Part IV	28c		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		_^_
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			-
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 .	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			.,
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
20		31	<b>-</b>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

į ai	Gutements Regarding Other ING Filmgs and Tax Compilance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No.
	U.S. Information Returns Enter -0- if not applicable	5		
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	Х	
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 0	201	22	2007 2007
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	harak '	2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		L	1. T.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			4
Ja	this return?	3a	Tr.	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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		Х
b	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			
	and Financial Accounts			***
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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 to file Form 8282?	7c	rement of	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	***	4	
е	benefit contract?	7e	7. T.	X Fig.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			A.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			N. C.
_	organization, have excess business holdings at any time during the year?	8	المائدة	راه کاری ا
9	Sponsoring organizations maintaining donor advised funds.	<b>***</b>	<b>1</b> 00	
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	9b		- 145
а	Initiation fees and capital contributions included on Part VIII, line 12			AT LEST
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	3		9000 a
11	Section 501(c)(12) organizations. Enter			يا الله الله
а	Gross income from members or shareholders			Vinte.
b	Gross income from other sources (Do not net amounts due or paid to other sources	2.00		
	against amounts due or received from them )	1	3.5	*** ***
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7 22	10:
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		(m. 155	

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

Sect	ion A. Governing Body and Management		r	
_			Yes	No
1a	Enter the number of voting members of the governing body	흴		
ь	Enter the number of voting members that are independent	읙		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	<b>-</b>	X
•	any other officer, director, trustee, or key employee?			
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
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		$\frac{\hat{x}}{x}$
4		5	$\vdash$	$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		$\frac{\hat{x}}{x}$
6	Does the organization have members or stockholders?	-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Y
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		
0	the year by the following			
•	The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- J.D	<u> </u>	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	Ju		
	enue Code )			
	muo oodo /		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	ŀ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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.)		[ :	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ļ	<b> </b>	
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ĺ		ľ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		<u> </u>	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MO		- <b></b> -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	oniy)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	4		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
20	policy, and financial statements available to the public	ha		
20	State the name, physical address, and telephone number of the person who possesses the books and records of togranization  International Academy of Science  816-229-38			
	organization ► International Academy of Science 816-229-38 26900 E Pink Hill Road, Independence, MO 64057-3284	200		
	2000 L T IIIK THE NOBE, INDEPENDENCE, IND 07007-0204			

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Form	990	(200	9

International Academy of Science

43-1499372

Page 7

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. 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

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 the organization did not compensate any current officer, director, or trustee

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average					that ap		T Lebotranie	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dr Maria Sanchez Pres & Director	40	х		х				0	0	0
Dr Eileen Dayton Director	40	х						. 0	0	0
D Bradley Eyre Director	10							0	0	0
Jennifer Seerden Director	30	Х				,		0	0	0
Jody Sauer Director	1	х						0	0	0
Valerie Potter V Pres & Treas	30			x				1,000	0	0
Stacy Clark Secretary	40			X				0	0	0

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	l Hiç	ghes	t Co	mpensated Em	ployees (cont	inue	<u>d)</u>	
	(A)	(B) (C)  Average Position (check all that						_ L .\	(D)	(E)		(F)	l
	Name and title	Average hours per week	2 Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	;)   	Estima amoun other compens from to organize and relations organized	nt of er sation the ation ated
									·				
										•			
											<u> </u>		
											$\perp$		
		····					ļ			<del>,</del>		<del></del>	
		,									$oldsymbol{\perp}$		0
<u>1b</u>	Total .							<u> </u>	1,000		0		
2	Total number of individuals (including but no reportable compensation from the organizat		e listi	ed a		) wh	o rec	eive	d more than \$10	00,000 in			
	reportable compensation from the organizat	1011			0				<del></del>			Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If</i> "Yes," <i>complete Scl</i>					yee,	or hi	ghes	st compensated	-	3		X
4	For any individual listed on line 1a, is the suithe organization and related organizations g	m of reportable	comp	ens	ation								
	ındıvidual						,			_	4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye								ganization for		5		X
Sec	tion B. Independent Contractors	<del></del>								<u> </u>			
1	Complete this table for your five highest comcompensation from the organization	npensated indep	ende	ent c	ontra	actor	s tha	t rec	eived more than	\$100,000 of			
	(A) Name and business a	ddress							(B) Description of serv	vices C	ompe	(C) ensation	
													0
													0
													0
				_									0
2	Total number of independent contractors (in	cluding but not !	ımıte	d to	thos	a lief	e he	hovo	) who received				0
-	more than \$100,000 in compensation from the	_				U 1131	ieu a		, will received				

0

825,641

835,704

All other revenue

Total. Add lines 11a–11d

Total revenue. See instructions

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not rec	uirea to complete	columns (B), (C), a	na (D).
	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				
	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	o	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	12,160	6,022	6,138	
6	Compensation not included above, to disqualified				<u> </u>
	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	0	0	0	0
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	.0	0	0	0
9	Other employee benefits	3,454	3,454	0	0
10	Payroll taxes	854	384	470	0
11	Fees for services (non-employees)				
а	Management .	0	0	0	0
b	Legal	37	37	0	0
C	Accounting	0	.0	0	.0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0		0
g	Other	22,480	22,480	0	0
12	Advertising and promotion	0	0		0
13	Office expenses .	248,110	248,110		0
14	Information technology	74,789	74,789	0	0
15	Royalties	0	0	0	0
16	Occupancy	80,010	80,010		0
17	Travel	56,582	56,582	0	0
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	27,769	27,769	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	17.006	17.000	0	0
22 23	Depreciation, depletion, and amortization Insurance	17,806 0	17,806 0		0
24	Other expenses Itemize expenses not	- 0			
44	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Memberships/Dues/Subscriptions	77	77	0	0
b		0	0	0	0
0		0	0		0
ď		0	0		0
e		0	0		0
f	All other expenses	0	0		0
25	Total functional expenses. Add lines 1 through 24f	544,128	537,520		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	İ			
	educational campaign and fundraising				
	solicitation				

**Balance Sheet** Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing 244,801 1 346.913 2 300,386 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 164,610 4 72,964 Accounts receivable, net . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 Schedule L 5 n Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Ωĺ 6 0 ol 7 Notes and loans receivable, net 0 ol 8 Inventories for sale or use 8 ol Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1.728.960 other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 1,679,836 **10c** 1,662,031 66,929 11 11 Investments—publicly traded securities ol 0 12 0 12 Investments—other securities See Part IV, line 11 0 13 0 13 Investments-program-related See Part IV, line 11 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11 ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,089,247 16 2,382,294 15,594 17,065 17 Accounts payable and accrued expenses 17 18 Grants payable 0 18 0 ol 0 19 Deferred revenue. 19 ol 20 20 0 Tax-exempt bond liabilities . . Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ol 22 0 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities Complete Part X of Schedule D ol 25 0 15,594 17,065 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 0 30 ol 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,073,653 32 2,365,229 33 Total net assets or fund balances . . 2,073,653 33 2,365,229 2,089,247 Total liabilities and net assets/fund balances. 34 2,382,294

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

#### 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions Name of the organization Employer identification number International Academy of Science 43-1499372 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ..... 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes No No No 0 0 0 0 0

Par		zations Desc	ribed in Sec		1)(A)(iv) and	170(	b)(1)(A)	(vi)
	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I.)				
	ion A. Public Support				<del></del>	-		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants")	0	0					0
2	Tax revenues levied for the organization's						ŀ	
	benefit and either paid to or expended on							_
	its behalf	0	0					0
3	The value of services or facilities							
	furnished by a governmental unit to the	_						
	organization without charge	0	0					0
4	Total. Add lines 1 through 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)						1	
	included on line 1 that exceeds 2% of the	1						
	amount shown on line 11, column (f).					•		
6	Public support. Subtract line 5 from line 4							0
Sect	ion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
7	Amounts from line 4	o	0	0	0		0	0
8	Gross income from interest, dividends,				<del></del>			
	payments received on securities loans,							
	rents, royalties and income from similar							•
	SOURCES .	. 0	0		· · · · · · · · · · · · · · · · · · ·			0
9	Net income from unrelated business activities, whether or not the business is							
	regularly carried on							0
10	Other income Do not include gain or						Ì	
	loss from the sale of capital assets							
	(Explain in Part IV)	0	0					0
11	Total support. Add lines 7 through 10						,l	0
12	Gross receipts from related activities, etc. (s	•				12	İ	
13	First five years. If the Form 990 is for the or	rganızatıon's fire	st, second, thir	d, fourth, or fift	h tax year as a	section	on 501(c)	(3)
	organization, check this box and stop here		•	•				
	ion C. Computation of Public Support					<del></del>		
14	Public support percentage for 2009 (line 6, c		-	column (f))		14	<del> </del> _	0 00%
15	Public support percentage from 2008 Sched				44 00 4400	15	l	0 00%
16a	33 1/3% support test–2009. If the organiza				e 14 is 33 1/3%	% or m	ore, cnec	K this box
	and stop here. The organization qualifies as					4/20/		abook this
b	33 1/3% support test-2008. If the organiza box and stop here. The organization qualifie				id line 15 is 33	1/3%	or more,	Check this
17a	10%-facts-and-circumstances test–2009.				e 13 16a or 1	l6h ar	nd line 14	us 10%
174	or more, and if the organization meets the "f							
	the organization meets the "facts-and-circum							
b	10%-facts-and-circumstances test-2008.							
_	or more, and if the organization meets the "f							
	the organization meets the "facts-and-circum							
18	Private foundation. If the organization did not ch							▶□
			_,,, .					

Schedule A (Form 990 or 990-EZ) 2009 43-1499372 International Academy of Science Page 3 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.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 organization's tax-exempt purpose 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 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total, Add lines 1 through 5 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. 0 **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 0 amount on line 13 for the year Add lines 7a and 7b O n O 0 Public support (Subtract line 7c from 0 line 6) Section B. Total Support (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Amounts from line 6 O 0 0 0 10a Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 0 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 c Add lines 10a and 10b n 0 0 0 Net income from unrelated business. activities not included in line 10b. whether or not the business is regularly carried on 0 Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) 0 0 0 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 0 00% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A. Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage 17 0 00% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 18 0 00% 18 19a 33 1/3% support tests-2009. 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 b 33 1/3% support tests-2008. 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

Schedule A (Form	990 or 990-EZ) 2009	International	Academy of Sc	ience		43-1499372	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide the e	explanations required	by Part II, line 10	);
	Part II, line 17a	or 17b; and F	Part III, line 12	. Provide any other a	dditional information.	See instructions	
			•				
				·			
			•••••				

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

20**09** 

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

	national Academy of Science			43-1499372
Par		or Advised Funds or Other Similar	Funds or $\overline{\mathbf{A}}$	counts. Complete if
	the organization answered "Yes"	o Form 990, Part IV, line 6.	,	
		(a) Donor advised funds	(b) F	unds 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	<del>-</del>		
	funds are the organization's property, subje-	_		∐ Yes ∐ No
6	Did the organization inform all grantees, do			
	used only for charitable purposes and not for		r, or for any of	
	purpose conferring impermissible private be		•	Yes No
Par	Conservation Easements. Comp	plete if the organization answered "Ye	s" to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply)		
	Preservation of land for public use (e.g.	, recreation or pleasure) Preservation	on of an histor	ically important land area
	Protection of natural habitat	Preservation	on of a certifie	d historic structure
	<b>=</b>		07 4 001 11110	
•	Preservation of open space	otion hold a gualified consequence contabi	ution in the for	-m of a consequence
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year	stion held a quaimed conservation contribi	ution in the ioi	in or a conservation
	casement on the last day of the lax year		[	Hold at the End of the Tay Year
а	Total number of conservation easements		2a	Held at the End of the Tax Year
b	Total acreage restricted by conservation ea	sements	2b	
c	Number of conservation easements on a ce		2c	
d	Number of conservation easements include	• •	2d	
3	Number of conservation easements modifie		terminated by	the organization
	during the tax year	_,gg	,	<b></b>
4	Number of states where property subject to	conservation easement is located		
5	Does the organization have a written policy		ion, handling	of
	violations, and enforcement of the conserva			Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservati	on easements	during the year
	<b>•</b>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements duri	ng the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	its of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization r	•	•	
	balance sheet, and include, if applicable, the	_	financial state	ments that describes
	the organization's accounting for conservation			
Par		ons of Art, Historical Treasures, or Oth	er Similar As	sets.
	Complete if the organization answere			<del> </del>
1a	If the organization elected, as permitted und	•		
	art, historical treasures, or other similar assesservice, provide, in Part XIV, the text of the			
b				
D	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public			
	service, provide the following amounts relati	· · · · · · · · · · · · · · · · · · ·		
	(i) Revenues included in Form 990, Part VII			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	• •		<b>▶</b> \$
2	If the organization received or held works of	art, historical treasures, or other similar a	ssets for finar	ncial gain, provide the
_	following amounts required to be reported u			· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, li			▶ \$
	Assets included in Form 990, Part X			▶ \$

Part	Organizations Maintaining	g Collections of	Art, His	torical	Treasures,	or Oth	er Similar A	ssets (c	ontını	ıed)
3	Using the organization's acquisition,	accession, and of	ther reco	rds, chec	k any of the	followir	ng that are a s	ignificant		
	use of its collection items (check all				-			_		
а	Public exhibition		d	Loan	or exchange	progra	ıms			
b	Scholarly research		е	Other						
С	Preservation for future genera	ations								
4	Provide a description of the organiza	ation's collections	and expla	ain how th	hey further tl	he orga	nization's exe	mpt purpo	se in	
5	During the year, did the organization assets to be sold to raise funds rathe								es 🔲	No
Part	IV Escrow and Custodial Ar IV, line 9, or reported an ar	•	•		-	answe	red "Yes" to	Form 990	), Par	t
1a	Is the organization an agent, trustee	, custodian or othe	er interme	ediary for	contribution	s or oth	ner assets not	_		
	included on Form 990, Part X?							Ye	:s	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	table <sup>.</sup>			A a		
	D. v. com v. balanca					40	<del> </del>	Amount		
C	Beginning balance			•		1c 1d				
d	Additions during the year					1e	· · · · · · · · · · · · · · · · · · ·			
e f	Distributions during the year Ending balance				•	1f	†			
	<del>-</del>		<b>5</b>	040			<u> </u>		_ 🔽	
2a	Did the organization include an amo		Part X, III	ne 21?				Y6	es X	No
b Part	If "Yes," explain the arrangement in V Endowment Funds. Comp		ization s	newere	d "Ves" to F	Form 0	90 Part IV	ine 10		
rait	Liidowillent i diids. Com	(a) Current year		or year	(c) Two years		(d) Three years ba		ur years	back
1a	Beginning of year balance .	0		or your	(e) in your	- I	(a) mos years a	107.5		
b	Contributions					- +		<del></del>		
c	Net investment earnings, gains,		<u> </u>				<del></del>			
·	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities				<del> </del>	1				
•	and programs									
f	Administrative expenses									
g	End of year balance .	0		0						
2	Provide the estimated percentage of	f the year end bala	ance held	as		•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Term endowment ▶	%								
3a										
	organization by								Yes	No
	(i) unrelated organizations		•					3a(i)		
	(ii) related organizations						•	3a(ii)	$\longrightarrow$	
_	If "Yes" to 3a(II), are the related orga							3b		
4	Describe in Part XIV the intended us						- 10			
Part					T					
	Description of investment	(a) Cost or oth			st or other s (other)		ccumulated preciation	( <b>d</b> ) Bo	ok value	9
1a	Land	.	0		1,500,000				1,50	0,000
b	Buildings .	·	0	-	22,045		543			1,502
c	Leasehold improvements		0	-	0		0			0
d	Equipment	<del></del>	0		192,215		51,686		14	0,529
e	Other	1	0		14,700		14,700			0
Total	. Add lines 1a through 1e (Column (	d) must equal Fon	m 990, P	art X, col		10(c)			1,662	2,031

organization's liability for uncertain tax positions under FIN 48

Part VII Investments—Other Securities	es. See Form 990, Part X,	line 12	rage J
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives .	0		
Closely-held equity interests .	0		
Other			
	0		
	0		
		· · · · · · · · · · · · · · · · · · ·	
	0		
	.	<del></del>	
	.  0		
	0	<del> </del>	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	•   000 Dod V	· · · · · · · · · · · · · · · · · · ·	<del></del>
Part VIII Investments—Program Relat		î ·	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
	0		
	0		
<u> </u>		†'	
	0		
	0		
	0		
	0		<del></del>
*** = 1 · · · · · · · · · · · · · · · · · ·	0		
	0		· ·
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX Other Assets. See Form 990,			(h) Pook volue
<del></del>	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		0
<del></del>	<del></del>		0
·		***	0
· ·			0
<del></del>			0
			0
		* * *	0
			0
			0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15)	<b>•</b>	0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		0	
2. FIN 48 Footnote In Part XIV, provide the text of	of the footnote to the organization	ation's financial statements that i	eports the

Sche	dule D (Form 990) 2009			Page 4
Pai	Reconciliation of Change in Net Assets from Form 99	0 to Audited Fin	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	0
4	Net unrealized gains (losses) on investments		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 through 8.		9	0
10	Excess or (deficit) for the year per audited financial statements Combin		10	0
	t XII Reconciliation of Revenue per Audited Financial State		venue per Return	
1	Total revenue, gains, and other support per audited financial statements	3	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
а	Net unrealized gains on investments	2a	<del></del>	
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c	<del></del>	
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d	•	2e	0
3	Subtract line 2e from line 1 .	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV )	4b	40	0
C	Add lines 4a and 4b		4c   5	0
5 221	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iii  **T XIII** Reconciliation of Expenses per Audited Financial States		<u> </u>	
1	Total expenses and losses per audited financial statements	tements with Ex	4	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>  '                                     </del>	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIV )	2d		
e	Add lines 2a through 2d	1	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:	1 1		
a	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 must equal Form 990, Part I,	ine 18 )	5	0
Par	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5, an 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, a part to provide any additional information			

•	International Academy of Science	43-1499372	_
Schedule D (Form	990) 2009		Page 5
Part XIV	Supplemental Information (continued)		
		······································	
		••••••	
<b></b>			
		••••••	
_ ,			
			••••••

### SCHĖDULE E (Form 990 or 990-EZ)

**Schools** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009
Open to Public Inspection

YES NO

Department of the Treasury Internal Revenue Service Name of the organization

International Academy of Science

Employer identification number

43-1499372

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_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 If you need more space, use Schedule O (Form 990)  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."	3	X	
	Does the consequence are relative to following 0			
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
	Records documenting that scholarships and other financial assistance are awarded on a racially	74		
-	nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff? .	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		_ X
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	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," explain on Schedule O			

#### SCHEDULE O (Form 990)

Name of the organization

# **Supplemental Information to Form 990**

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury ► Attach to Form 990.

Inspection

OMB No 1545-0047

International Academy of Science	43-1499372
Form 990 Part VI Section B Line 11A The completed 990 is reviewed thoroughly by the President	
of the Academy prior to filing the 990 with the IRS	
Form 990 Part VI Section C Line 19 No documents available to the public	