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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

	ΑF	or the	e 2013 calendar year, or tax year beginning JUL 1, 2013 and ending	JUN 30, 2014
	Вс	neck if	C Name of organization	D Employer identification number
	aţ	plicabl	•	
		Addre chang	HISTORY OF SCIENCE SOCIETY, INC	
		Name		52-6050324
		initial return		
	一	Termi		574-631-1194
	_	ated Amen	ded Catalana de la companya de la co	G Gross receipts \$ 3,591,822
	F	Jretum]Applic		H(a) Is this a group return
		Jtion pendi	F Name and address of principal officer ROBERT J. MALONE, PHD	for subordinates? Yes X No
			SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
	. T			527 If "No," attach a list. (see instructions)
			te: > HSSONLINE • ORG	H(c) Group exemption number
				ear of formation: 1925 M State of legal domicile: DO
		rt I	Summary	ear of formation. 1925 M State of legal domicile. Do
				ODY OF COCTEMY INC
	8	1	Briefly describe the organization's mission or most significant activities: THE HIST	
	Governance	_	SEEKS TO FOSTER INTEREST IN THE HISTORY OF S	
	ē		Check this box fithe organization discontinued its operations or disposed of n	l I
	ုဒ္ပ	3		3
	-ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	Activities &		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	
	Ξį		Total number of volunteers (estimate if necessary)	
	\ <u>Q</u>		Total unrelated business revenue from Part VIII, column (C), line 12	
		b	Net unrelated business taxable income from Form 990-T, line 34() FIMED	
			$ \check{\omega} $	Prior Year Current Year
	힐	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAY 21 2015 A	191,940. 216,632
	e l	9	Trogram service revende (rant vin, inte 29)	286,846. 387,585
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,513. 322,268
	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and [] [N]	6,186. 4,665
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), tine 12)	806,485. 931,150
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,573. 102,083
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0
	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	208,110. 227,622
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0
	×	b	Total fundraising expenses (Part IX, column (D), line 25)	
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	337,422. 431,267
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	631,105. 760,972
		19	Revenue less expenses. Subtract line 18 from line 12	175,380. 170,178
	58			Beginning of Current Year End of Year
	aar	20	Total assets (Part X, line 16)	3,400,529. 3,699,082
	₩	21	Total liabilities (Part X, line 26)	278,614. 246,134
<u> </u>	Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	3,121,915. 3,452,948
3	Pa	rt II	Signature Block	
0	Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my knowledge and belief, it is
 €	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.
2			Ilw JM	5/15/15
	Sigr	1	Signature of officer	Date
~	Her	e	ROBERT J. MALONE, PHD	
Ĩ.			Type or print name and title	
Z,			Print/Type preparer's name Preparer's signature	Date Check PTIN
	Paid		JOHN A. FREDLAKE, C.P.A. We (tully con	05/15/1'5 self-employed P00071521
CANNED	Prep	arer	Firm's name WEIDNER AND COMPANY, P.C.	Firm's EIN ▶ 35-1794199
(Ş)	Use	Only	Firm's address 1650 SOUTH BEND AVE	
		•	SOUTH BEND, IN 46617	Phone no. (574) 234-8822
	May	the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
		01 10-		Form 990 (2013
		S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATE	MENT CONTINUATION

	990 (2013) HISTORY OF SCIENCE SOCIETY, INC 52-6050324 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bright describe the organization's mission:
	THE HISTORY OF SOCIETY, INC. SEEKS TO FOSTER INTEREST IN THE HISTORY OF SCIENCE AND ITS SOCIAL AND CULTURAL RELATIONS.
	OF SCIENCE AND 115 SOCIAL AND COLIORAL REDAITONS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 220,023. including grants of \$) (Revenue \$ 246,315.)
	PUBLICATION OF THE SOCIETY JOURNALS
	THE SOCIETY PUBLISHES TWO JOURNALS; ITS MAIN JOURNAL, ISIS, WHICH
	APPEARS QUARTERLY, AND AN ANNUAL JOURNAL TITLED OSIRIS. THE PURPOSE OF
	EACH IS TO PUBLISH THE BEST SCHOLARSHIP IN THE HISTORY OF SCIENCE. TO ACHIEVE THIS, THE JOURNAL'S EDITORS ARE HIGHLY SELECTIVE. THE EDITORIAL
	BOARDS HELP THE EDITORS REVIEW THE MANUSCRIPTS AND THE SOCIETY'S
	COMMITTEE ON PUBLICATIONS HELPS ESTABLISH GUIDELINES AND PROCEDURES.
	ISIS AND OSIRIS ARE SENT TO MEMBERS CONSISTING OVER 3,000 INDIVIDUALS
	AND INSTITUTIONS.
4b	(Code:) (Expenses \$1, 328. including grants of \$) (Revenue \$)
	PUBLICATION OF NEWSLETTER
	THE PURPOSE OF THE NEWSLETTER IS TO SHARE INFORMATION ON THE PROFESSION
	(JOBS, CONFERENCES, NEWS, PRIZES, MEMBERSHIP PROFILES, PROGRAM PROFILES
	AND INTEREST PIECES) IN THE HISTORY OF SCIENCE. THE NEWSLETTER CONTENT
	IS ASSEMBLED IN THE EXECUTIVE OFFICE AND A CONTRACTOR STYLES THE
	NEWSLETTER'S INFORMATION. THE HISTORY OF SCIENCE NEWSLETTER IS SENT TO
	SOME 1,900 MEMBERS.
4c	(Code) (Expenses \$ 291,537. including grants of \$ 102,083.) (Revenue \$ 140,045.)
	PRIZES AND ANNUAL MEETING
	THE SOCIETY FOSTERS EXCELLENCE BY AWARDING PRIZES FOR EXEMPLARY
	SCHOLARSHIP AND TEACHING. THESE PRIZES INCLUDE DISTINGUISHED
	LECTURESHIPS; LIFETIME ACHIEVEMENT; BOOKS AIMED AT SCHOLARS AND GENERAL
	AUDIENCES; ARTICLES AND TEACHING. THE SINGLE BIGGEST ACTIVITY HANDLED
	BY THE SCOIETY'S EXECUTIVE OFFICES IS THE ANNUAL MEETING. THESE
	CONFERENCES ATTRACT ANYWHERE FROM 500 TO 1,000 SCHOLARS FROM AROUND THE
	WORLD WHO COME TOGETHER TO SHARE RESEARCH IN THE FIELD.
4d	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 113,681 • including grants of \$) (Revenue \$)

Form **990** (2013)

	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	X	
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	İ		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	-11	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	170		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-715		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
.•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-41
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
. •	complete Schedule G, Part III	19	ļ	X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
~		لابت		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.55	111
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or 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 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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 series of the	28a		х
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
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	ĺ	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a		35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	333		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
-	Note. All Form 990 filers are required to complete Schedule O	38	x	ĺ
				(2012)

rai	Check it Schedule O contains a response or note to any line in this Part V			$\overline{}$
•	Ondoor School Contains a responde of the adapting any mile in and tart v	· · · · ·	<u> </u>	
40	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	+	Yes	No_
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			i
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	
·		1c	\mathbf{x}	
22	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			i
h		2b	x	ı
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		3а	i	X
		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
		4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		{	ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	[<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		1
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		<u> </u>
b		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	· · · · · · · · · · · · · · · · · · ·	7c		<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	l	
е		7e		<u>X</u>
f		7f		X
g		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	i	ı
9	Sponsoring organizations maintaining donor advised funds.	ᡨ		
а		9a	ļ	
		9b	1	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l	l	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		ĺ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	2a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	· · · · · · · · · · · · · · · · · · ·	3a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_+	}	
14a	• • • • • • • • • • • • • • • • • • • •	4a		<u> </u>
<u>b</u>		4b	900	(0040)
	· · · · · · · · · · · · · · · · · · ·	-orm \$	2 3 U ((2013)

HISTORY OF SCIENCE SOCIETY, INC 52-6050324 Form 990 (2013) 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. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 21 Enter the number of voting members included in line 1a, above, who are independent 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? X 2 . . . Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity dunng the year?	16a			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			Γ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶IN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ıcıal		
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	>		
	GREG MACKLEM - 574-631-1194				
	440 GEDDES HALL NOTER DAME IN 46556				

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Form 990 (2013) HTSTORS	OF SCIENCE	SOCIETY	INC		52-60503	24	Page 7			
	Compensation of Officers				Highest Comp			i ago i			
Employees, and Independent Contractors											
	Oheck if Schedule O contains a re	esponse or note to any l	line ın this Part VII				,				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(list any hours for related organizations organizations) organizations organizations (W-2/1099-MISC) organizations organizations and related	Check this box if neither the organization r (A) Name and Title	(B) Average hours per week	(do box offi	Position (do not check more tha box, unless person is b officer and a director/tri			l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) ROBERT J MALONE EXECUTIVE DIRECTOR (2) SEE ATTACHED LISTING (3) SEE ATTACHED LISTING (4) SEE ATTACHED LISTING (5) SEE ATTACHED LISTING		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
(2) SEE ATTACHED LISTING 0.00	(1) ROBERT J MALONE	60.00]								
	EXECUTIVE DIRECTOR		<u> </u>		X	<u> </u>	<u> </u>		83,232.	0.	0
	(2) SEE ATTACHED LISTING	0.00	ł						0.	0.	0
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332008 10-29-13

\$100,000 of compensation from the organization

3

Form 990 (2013)

(A)

Name and title

d Total (add lines 1b and 1c).

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

52-6050324 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Revenue excluded from tax under Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1**d** e Government grants (contributions) 1e 104,887, f All other contributions, gifts, grants, and similar amounts not included above 111,745, g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 216 632 **Business Code** Program Service Revenue 2 a SUBSCRIPTION INCOME 900099 246,315 246,315 112,115 b <u>ANNUAL MEETING</u> 900099 112,115 900099 27,930 27,930 C PSA MANAGEMENT PAYMENT ADVERTISING INCOME 900099 1,225 1,225 f All other program service revenue g Total, Add lines 2a-2f 387.585 Investment income (including dividends, interest, and other similar amounts) 62,360 62,360, 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 2,920,580, b Less: cost or other basis and sales expenses 2,660,672 c Gain or (loss) [259,908. 259,908 259,908. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 4.665 4,665 11 a OTHER INCOME b e Total. Add lines 11a-11d

322 268

Total revenue. See instructions.

3661	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		his Part IX		
	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 United States. See Part IV, line 21	55,829.	55,829.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	46,254.	46,254.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		54 000		
	trustees, and key employees	83,232.	74,909.	8,323.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	T.C. 201	40 510	05 650	
7	Other salaries and wages	76,397.	48,719.	27,678.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	67 002	EE 247	10 (46	
9	Other employee benefits	67,993.	55,347.	12,646.	
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	3,285.		3,285.	
	Legal	10,407.		10,407.	
C	9 · · · · · · · · · · · · · ·	10,40/		10,407.	·
	Lobbying				
f	Investment management fees				
g		1			
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,953.		1,953.	
14	Information technology	==.4 = . = . = .			
15	Royalties	-			
16	Occupancy				
17	Travel	20,382.	14,825.	5,557.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,385.		3,385.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOTO BOTHODIAL ORBIOD	208,913.	203,203.	5,710.	
b		48,431.	48,431.		
c	CAMEDIAGO ENDENGEO	42,834.	40,344.	2,490.	
d	CMD AMBOTO DI AMBITATO	38,921.		38,921.	
	All other expenses	52,756.	38,708.	14,048.	
25	Total functional expenses. Add lines 1 through 24e	760,972.	626,569.	134,403.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 88-2 (ASC 958-720)				<u>.</u>

	Check if Schedule O contains a response or note to any line in this Part X	(A)	·T	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	236,049.	1	146,174
2	Savings and temporary cash investments	99,722.	_2	13,365
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	39,473.	4	36,912
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
Ì	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		_8	
9	Prepaid expenses and deferred charges	431.	9	9,739
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation <u>10b</u>		10c	
11	Investments - publicly traded securities	3,024,854.	11	<u>3,492,89</u> 2
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16_	Total assets. Add lines 1 through 15 (must equal line 34)	3,400,529.	16	3,699,082
17	Accounts payable and accrued expenses	<u>248,339.</u>	17	215,859
18	Grants payable		18	
19	Deferred revenue	30,275.	19	30,275
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			-
22	key employees, highest compensated employees, and disqualified persons.			
3	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
- 1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	<u>278,614.</u>	26	246,134
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and	-		
3	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	<103,268.	>27	51,946
28	Temporarily restricted net assets	413,534.	28	580,246
29	Permanently restricted net assets	2,811,649.	29	2,820,756
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,121,915.	33	3,452,948
34	Total liabilities and net assets/fund balances	3,400,529.	34	3,699,082

orm	990 (2013) HISTORY OF SCIENCE SOCIETY, INC	<u>52-605</u>	<u> </u>	Pag	<u>le 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>72.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	170	<u>, 1'</u>	<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>3,121</u>	<u>.,9</u> :	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5	160	8, (<u>55.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>3,452</u>	2,9	<u>48.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			- 1	
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			j	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·····	3b		<u></u>
			Form !	9 9 0 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number HISTORY OF SCIENCE SOCIETY. 52-6050324 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) LX 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. __ Type I ь Type II c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated 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 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) and (iii) below, Yes No 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? h Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the (described on lines 1-9 in col. (i) listed in your organization in col. organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 HISTORY OF SCIENCE SOCIETY, INC 52-6050324 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						-
_	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included		ļ		ļ		
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6			-			 	
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u>l</u>		L	<u> </u>		L
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						1
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		<u> </u>				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		<u> </u>	l	1	 	<u></u>
	Gross receipts from related activities	•				[12]	
13	First five years. If the Form 990 is fo	J	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	, []
Se	organization, check this box and stor ction C. Computation of Publ		rcentage			 	🟲 🗀
	Public support percentage for 2013 (column (fl)		14	%
15	Public support percentage from 2012						%
	a 33 1/3% support test - 2013. If the						
	stop here. The organization qualifies						▶ □
ŀ	33 1/3% support test - 2012. If the						his box
•	and stop here. The organization qua						▶□
17:	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	▶□
ŧ	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Explai	in in Part IV how th	ө
	organization meets the "facts-and-cir	cumstances" test	. The organization	qualifies as a publ	icly supported org	anization	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	132,367.	190,015.	175,527.	191,940.	216,632.	906,481.
2	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	405,759.	404.856.	326,943.	286 846	387,585.	1811989.
3	Gross receipts from activities that	103,733.	101,0301	320,313.	2007040.	3077303.	1011707.
3	are not an unrelated trade or bus- iness under section 513		,				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	538,126.	594,871.	502,470.	478,786.	604,217.	2718470.
7 a	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 amount on line 13 for the year						0.
,	A 4 4 4 7						0.
	Public support (Subtract line 7c from line 6)						2718470.
	ction B. Total Support			·-··	 -		27204701
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	538,126.	594,871.	502,470.		604,217.	2718470.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,365.	67,339.	96,477.			355,737.
t	Unrelated business taxable income		, ,	<u> </u>			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b	55,365.	67,339.	96,477.	74,196.	62,360.	355,737.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain				· ·	_	
	or loss from the sale of capital assets (Explain in Part IV.)	250.	2,224.	13,020.	6,186.	4,665.	26,345.
13	Total support. (Add lines 9, 10c, 11, and 12)	593,741.	664,434.	611,967.	559,168.	671,242.	3100552.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	<u> </u>			<u>.</u> ,		<u> ▶ </u>
	ction C. Computation of Publ			-		·····	
	Public support percentage for 2013 (, ,,	•	olumn (f))		15	87.68 %
	Public support percentage from 2012			· . · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·	16	87.52 <u>%</u>
Se	ction D. Computation of Inves						44 45
17	•	•	••	e 13, column (f))		17	11.47 %
18	, ,					18	11.41 %
19a	a 33 1/3% support tests - 2013. If the						
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che		•	•		_	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19:	a, or 19b, check th	nis box and see ins	tructions	<u></u>

Schedule A	(Form 990 or 990-Ez	2) 2013 HISTO	RY OF S	CIENCE	SOCIETY.	INC	52-6050324 Page 4
Part IV	Supplemental	Information.	Provide the exp	lanations requ	ured by Part II,	line 10; Part II, line 1	17a or 17b; and Part III, line 12.
	Also complete this						
	•						
			. <u></u> .				
							
			<u>.</u>			•	
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			<u> </u>	· · · · · ·			4
	<u>_</u>						

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HISTORY OF SCIENCE SOCIETY

Employer identification number 52-6050324

Pai	rt I Organizations Maintaining Donor Advised Funds of		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		or i to occurrence on plate in and
		onor 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 donor advisors in writing that the	he assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's exclusive leg		
6	Did the organization inform all grantees, donors, and donor advisors in wr		
_	for charitable purposes and not for the benefit of the donor or donor advi		
	impermissible private benefit?	•	Yes No
Pai	rt II Conservation Easements. Complete if the organization an		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 education)		torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ded in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is loc	cated >	
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemen		
	include, if applicable, the text of the footnote to the organization's financi	al statements that describes	the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of Art, Hist	torical Treasures or O	thar Similar Assats
Га	Complete if the organization answered "Yes" to Form 990, Part IV,		ulei Olilliai A336t3.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not		nent and halance sheet works of art
та	historical treasures, or other similar assets held for public exhibition, educ	•	•
	the text of the footnote to its financial statements that describes these ite	·	nce of public service, provide, in Fait Alli,
_	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		and halance sheet works of art, historical
ь	treasures, or other similar assets held for public exhibition, education, or	•	•
	relating to these items:	research in fulfillerance of pu	blic service, provide the following amounts
			▶ \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or ot		• • • • • • • • • • • • • • • • • • • •
~	the following amounts required to be reported under SFAS 116 (ASC 958		, gair, provido
а	D	•	▶ \$
	Assets included in Form 990. Part Y		

			E SOCIETY,			050324	
Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or Oth	er Similar Ass	ets(continu	ed)
3	Using the organization's acquisition, accession	, and other record	s, check any of the	following that are a	significant use of it	s collection i	items
	(check all that apply)						
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain	n how they further th	ne organization's exe	empt purpose in P	art XIII.	
5	During the year, did the organization solicit or re	eceive donations o	of art, historical trea	sures, or other simila	ır assets		
I	to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Par	t IV Escrow and Custodial Arrange	•	ete if the organizatio	n answered "Yes" to	Form 990, Part IV	', line 9, or	
	reported an amount on Form 990, Part	K, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for contribution	s or other assets no	t included		
	on Form 990, Part X?				L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing table:				
						Amount	
С	Beginning balance				. 1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				[1f]		
	Did the organization include an amount on Form	•			L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. C						<u> </u>
Par						 	
	_	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years bac		ears back
1a	Beginning of year balance	3,024,854.	2,801,429,	2,908,768,	2,350,458	1	75,412.
р	Contributions	9,107.	21,581.	8,149,	7,07		5,477.
С	Net investment earnings, gains, and losses	468,038,	303,476.	<92,488.	668,41	52	232,638.
đ	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	9,104.	101,632,	23,000.	117,17	'	63,069.
f	Administrative expenses				<u> </u>	 	
g	End of year balance	3,492,895.	3,024,854,	2,801,429.	2,908,761	3. 2.3	350,458.
2	Provide the estimated percentage of the currer		,	i)) held as:			
а	Board designated or quasi-endowment	2.63	_%				
b	Permanent endowment ► 80.76	%					
С	Temporarily restricted endowment ► 16						
_	The percentages in lines 2a, 2b, and 2c should		-A Al l l		46		
за	Are there endowment funds not in the possess	sion of the organiza	ation that are neid a	na aaministerea for	the organization	[v	, T N
	by:						es No
	(i) unrelated organizations					3a(i)	X X
	(ii) related organizations					3a(ii)	
4	Describe in Part XIII the intended uses of the o	•			• • • • • • • • • •	. <u>3b</u>	
Pai			willetti tuttus.				
	Complete if the organization answered '		Part IV line 11a S	ee Form 990 Part X	line 10		
	Description of property	(a) Cost or o	·		Accumulated	(d) Book	value
	Description of property	basis (investr	1 7 7	1 , ,	preciation	(u) Dook	value
12	Land		, ,		, , , , , , , , , , , , , , , , , , , ,		
	5.44						
	Leasehold improvements					<u> </u>	
	Equipment	i i		<u> </u>			
	Other						
	Add lines 1a through 1e (Column (d) must equ	ial Form 990. Part	X. column (B), line 1	(O(c))			0.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 HISTORY OF SCIENCE SOCIETY,			<u> 52-</u>	<u>6050324</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per l	Returr	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			- -	4 205	
1	Total revenue, gains, and other support per audited financial statements			1	1,325	,465.
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	۱ ۵-	160,855			
b	Donated services and use of facilities	2a 2b	233,460			
c	Recoveries of prior year grants		233, 400	4		
d	Other (Describe in Part XIII.)			1		
e	Add lines 2a through 2d			2e	394	,315.
3	Subtract line 2e from line 1			3		,150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIII.)	4b]		
C	Add lines 4a and 4b			4c		0.
5				5		<u>,150.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses pe	Retu	m.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			, ,		
1	Total expenses and losses per audited financial statements	- •		1	994_	<u>,432.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _	1 222 460			
a	Donated services and use of facilities	2a	233,460	4		
0	Other losses		- · · · · - · · · · · · · · · · · · · ·	- }		
ď	Other (Describe in Part XIII.)	2d		1 1		
e	Add lines 2a through 2d			2e	233	,460.
3	Subtract line 2e from line 1			3		,972.
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 XIII.)	4b]		
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		5	760	<u>,972.</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			4; Part	X, line 2; Part >	XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai ir	nformation.			
PAI	RT X, LINE 2:					
					-	
EXI	PLANATION: THE SOCIETY'S POLICY IS TO RECOR	D A	N UNRECOGNIZ	ZED '	TAX BENE	SFIT
FRO	OM AN UNCERTAIN TAX POSITION ONLY IF IT IS	MOR	E LIKELY THA	N N	TAHT TC	THE
TA	<u> POSITION WILL BE SUSTAINED UPON EXAMINATI</u>	ON	BY THE TAX A	UTH	ORITIES.	<u>•</u>
TATE	TEDECH AND DENAITHIE DELAMED HO CDOCK IDED		TGDD M14 DD			
TW.	TEREST AND PENALTIES RELATED TO GROSS UNREC	:OGN	IZED TAX BEI	ELT.	LS MOOTI) BE
TNO	LUDED WITHIN THE PROVISION FOR INCOME TAXE	יפ	TO THE EXT	י יייזאי	ACCRUED	
<u>T147</u>	CHOPED WITHIN THE PROVISION FOR INCOME TAKE	<u></u>	TO THE EATH	21V 1 4	HCCRUED	
יאד	TEREST AND PENALTIES DO NOT ULTIMATELY BECO	MR	PAVARIE AMO	יייאווי	S ACCRUE	מי
	BREED THE THREE PORTOR OF THE PROPERTY OF THE	/1113	INIADUB, AM	OLLI	3 ACCROI	<u>U</u>
WOT	JLD BE REDUCED IN THE PERIOD THAT SUCH DETE	RMI	NATION IS MA	DE 2	AND	
				<u></u>		
REI	LECTED AS A REDUCTION OF THE OVERALL INCOM	E T	AX PROVISION	1. 5	THE SOCI	ETY
<u>FII</u>	ES A FEDERAL AND AN INDIANA STATE TAX RETU	RN.	THE TAX Y	ARS	THAT	
		_				_
MAI	NAGEMENT BELIEVES REMAIN SUBJECT TO EXAMINA	TIO	N BY THE FEI	ERA	L AND	
727			DID 7116	2.0	2011	
33205 09-25-	DIANA TAX JURISDICTIONS DATE BACK TO THE YE	AK	ENDING JUNE		2011.	
09-25-	13			Sched	lule D (Form 9	9U) 2013

Schedule D (Form 990) 2013	HISTORY OF	SCIENCE	SOCIETY,	INC	52-6050324	Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Info	rmation (continued	1	,		•	
· · · · · · · · · · · · · · · · · · ·						
	<u> </u>		 			
	 					
						
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<u> </u>				· -		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

нтя	STORY OF SCIE	NCE SOCT	ETY. INC	•	52-6050	324
Pa	rt I General Infor	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answere	d "Yes" on
_	Form 990, Part IV			<u>. </u>		
1	For grantmakers. Does	the organization	n maıntain record	ds to substantiate the amount of its gr	ants and other assistance,	
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	United States.			procedures for monitoring the use of it	-	outside the
3				an be duplicated if additional space is		1 =
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORT	TH AMERICA	1	1	PROGRAM SERVICE	ISIS JOURNAL PUBL.	208,913.
		<u> </u>	•		- CONTRACT CONTRACT	200,010.
	·					
		Ė				
	 					
	Sub-total	1	1			208,913,
b	Total from continuation sheets to Part I				,	0.
С	Totals (add lines 3a					
	and 3b)	1	11			208 913

HISTORY OF SCIENCE SOCIETY, INC

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2013
(h) Description of non-cash assistance							Schedu
(g) Amount of non-cash assistance						▼	
(f) Manner of cash disbursement						recognized as tax-er	
(e) Amount of cash grant						foreign country,	:
(d) Purpose of grant						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region						ns listed above that are relians that are relians the section	r entities
(b) IRS code section and EIN (if applicable)				-		ecipient organizatior	other organizations o
1 (a) Name of organization	,		,	ŕ		2 Enter total number of rethe IRS, or for which the	3 Enter total number of other organizations or entities

27

52-6050324

Page 3

HISTORY OF SCIENCE SOCIETY, INC

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

	1	1	•	•	•	•	
(h) Method of valuation (book, FMV, appraisal, other)							
(g) Description of non-cash assistance							
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
c) Number of recipients							
(b) Region							
(a) Type of grant or assistance (b) Region							

332073 10-03-13

Schedule F (Form 990) 2013

<u>cnea</u>	die F (Form 990) 2013 HISTORY OF SCIENCE SOCIETY, INC	<u> </u>	Page 4
Part	IV Foreign Forms		
	•		-
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		
	for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

332074 10-03-13

Part V	Complemental Information
rait v	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
-	potential and the provided any additional and the provided and the pro
-	

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047

2013

Open to Public

% ⊠ **Employer identification number** 52-6050324 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of : (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant INC (c) IRC section rf applicable HISTORY OF SCIENCE SOCIETY General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part

TRAVEL ANNUAL MEETING RAVEL ANNUAL MEETING RAVEL ANNUAL MEETING : : : Ö Ö : : 16,835 23,306 15,475 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table HISTORY, PHILOSOPHY, & SOCIAL STUDIES AMERICAN SOCIETY FOR ENVIRONMENTAL OF BIOLOGY - 1505 PALMER DRIVE -INTERNATIONAL SOCIETY FOR THE TECHNOLOGY - 310 THACH HALL HISTORY - 1900 COMMERCE ST SOCIETY FOR THE HISTORY OF BLACKSBURG, VA 24060 TACOMA, WA 98402 AUBURN, AL 36849

332101 10-29-13

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2013) HISTORY OF SCIENCE SOCIETY, INC

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 46,254, (c) Amount of cash grant 32 120 (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part III CASH

Page 2

52-6050324

Schedule I (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

332211 09-04-13

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

HISTORY OF SCIENCE SOCIETY, INC

Employer identification number 52-6050324

FORM 990. PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CULTURAL RELATIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FOSTERING INTEREST IN THE HISTORY OF SCIENCE AND ITS SOCIAL AND CULTURAL RELATIONS EXPENSES \$ 113,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: DECISIONS SUBJECT TO APPROVAL OF MEMBERS, CHANGES IN STATUTES ADOPTED BY THE COUNCIL MUST BE RATIFIED AT THE SOCIETY'S BUSINESS MEETING FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE ORGANIZATIONS FORM 990 IS REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR AND IS AVAILABLE FOR INSPECTION BY THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH COMMITTEE MEMBER MONITORING AND ENFORCEMENT VIA EX OFFICIO MONITORING FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: COMPENSATION PROCESS FOR THE TOP OFFICIAL EACH YEAR, THE PRESIDENT OF THE SOCIETY ORGANIZES AN AD HOC COMMITTEE TO REVIEW THE PERFORMANCE OF THE EXUCTIVE DIRECTOR. INFORMATION ON THE DIRECTOR'S Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization HISTORY OF SCIENCE SOCIETY, INC	Employer identification number 52 – 6050324
PERFORMANCE IS SOUGHT FROM NUMEROUS INDIVIDUALS WITHIN AN	ID OUTSIDE THE
SOCIETY. COMPENSATION IS TIED TO THE RESULTS OF THAT REVI	EW.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	DLICY, AND
FINANCIAL STATEMENTS FOR THE ORGANIZATION ARE MADE AVAILA	BLE TO THE PUBLIC
THROUGH THE ORGANIZATIONS WEBSITE.	
FORM 990 PART XII LINE 2C	
EXPLANATION: THE ORGANIZATION HAS A COMMITTEE IN PLACE TH	IAT OVERSEAS
THE FINANCIAL STATEMENT PREPARATION PROCESS AND THE SELEC	TION OF
EXTERNAL AUDITORS, THIS PROCESS HAS NOT CHANGED FROM PRICE	OR YEARS.
	
FORM 990, PART I, LINE 6	
EXPLANATION: - OFFICERS	
- STANDING COMMITTEE MEMBERS	
- FORUM MEMBERS AND CHAIRS	
- INTEREST GROUP MEMBERS AND CHAIRS	
- PRIZE COMMITTEES	
- PROGRAM CHAIRS AND ADVISORY EDITORS	
- LOCAL ARRANGEMENT COMMITTEE	
- DELEGATES TO SOCIETIES	
- FELLOWSHIP COMMITTEES	
- DLEGATES REPRESENTING THE ORGANIZATION TO OTHER SOCIETI	ES

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

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

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form)			
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mol	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an e	xtension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Fransfers A	Associated With Ce	ertain	
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this t	form,	
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I o	nly					· 🔲	
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file ın	come tax returns.			Enter file	r's identifying nur	nber _	
Type or Name of exempt organization or other filer, see instruc			ions.		Employer identification number (EIN) or		
print						, ,	
	HISTORY OF SCIENCE SOCIETY, INC				52-6050324		
File by th due date				Social security number (SSN)			
filing your	" 440 GEDDES HALL, UNIVERSITY OF NOTER DAME					•	
return Se instruction							
	NOTRE DAME, IN 46556						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			01	
			Anulianian			D.4	
Application		Return	Application			Return Code	
ls For		Code	Is For				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)				
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	GREG MACKLEM			_			
	books are in the care of 440 GEDDES HALI	_ N(6			
	phone No. ► 574-631-1194		Fax No.				
	organization does not have an office or place of business				🕨	• Ш	
	s is for a Group Return, enter the organization's four digit						
box 🕨					ers the extension is	for.	
1 1	request an automatic 3-month (6 months for a corporation		•				
_	FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension						
is	is for the organization's return for:						
	calendar year or						
	X tax year beginning <u>JUL 1, 2013</u>	, an	d ending <u>JUN 30, 2014</u>		<u> </u>		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retun	n		
2- "							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					^	
_	nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$	0.	
					•	^	
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa		•			^	
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Cautio	 If you are going to make an electronic funds withdrawal 	(airect de	DIL) WITH THIS FORM 8868, SEE FORM 8	⇔ວ ວ-⊵U ar	ia romi 88/9-EO fa	or payment	

instructions.