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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)

OMB No 1545-0047

Open to Public

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service For the 2013 calendar year, or tax year beginning 8/31/2014 9/1/2013 and ending C Name of organization D Employer Identification number Check if applicable: International Academy of Science Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) 43-1499372 Name change 26900 East Pink Hill Road E Telephone number Initial return ZIP code City or town 816-229-3800 Independence MO 64057-3284 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 1.983.131 F Name and address of principal officer Application pending Yes X No H(a) is this a group return for subordinates? Dr. Maria Sanchez 26900 E Pink Hill Road, Independence, MO 64057 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status: ) < (insert no ) 4947(a)(1) or Website: ▶ www.science.edu H(c) Group exemption number ▶ X Corporation K Form of organization. Trust Association Other > L Year of formation: 1988 M State of legal domicile MO Part I Summary Briefly describe the organization's mission or most significant activities: The advancement of science and Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . 2 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . . . . . . . 5 21 6 14 Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). . . 1,002 104 9 1,557,213 1,981,156 1.871 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 160 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.558.375 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . 14 Benefits paid to or for members (Part+IX; column (A), line 4). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . 86.553 58.164 16a Professional fundraising fees (Part IX, column (A), line 11e). ..... b Total fundraising expenses (Part IX, column (D); line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 661.378 825.484 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 747.931 883.648 19 Revenue less expenses. Subtract line 18 from line 12 810,444 1,099,483 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16). 3,128,673 4.223.038 21 Total liabilities (Part X, line 26). 29,651 24,533 22 Net assets or fund balances. Subtract line 21 from line 20 3.099.022 4.198.505 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Maria Seucliez 1/14/2015 Sian Signature of officer Date Here Dr. Maria Sanchez President Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid SELF-PREPARED RETURN self-employed Preparer Firm's name Firm's EIN **Use Only** Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . l x l Yes No

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63

Par	Checklist of Required Schedules (continued)	30012	<u> </u>	,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 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	<u> </u>	X
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	1		
	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			ŀ
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	l		١.,
26	990-EZ? If "Yes," complete Schedule L, Part I	25b	<del></del>	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	1		
27		26	<b></b>	X
41	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Ì
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del>  ^</del>
-	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>  ^</del>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ĺ	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			<del>  ^</del>
	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	l	X
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		Х
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	L	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			1
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<b>├</b> ─
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	_	l	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	├—	X
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	<u> </u>
		Form	990	(2013)

Form 9	90 (2013) International Academy of Science 43-149	<del>3</del> 372	P	age 5
Par				
ı	Check if Schedule O contains a response or note to any line in this Part V		. [	<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
	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 . 2a 21			i
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			i
	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 instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ĺ
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		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	<u> </u>
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	<b>i</b> '		ĺ
	organization, have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.	ĺ	<u> </u>	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l		1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	l		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	l	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<del> </del>	<b> </b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	1	]	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>	ļ	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X_
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u>L.</u>

	(2013) International Academy of Science  43-149  Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	a "No ee ins	" tructi	age 6
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_	_	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		_ X
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		х
Sect	Ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	<del>                                     </del>		<del>  ^-</del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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 with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Į.		l.
	participation 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	<u> </u>	<u>.                                    </u>
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(continuous available 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)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	financial statements available to the public during the tax year.	<b>.</b> y	,	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► International Academy of Science 816-229-38			
	26900 E. Pink Hill Road, Independence, MO 64057-3284			

Form 990 (2Q13)	International Academy of Science									43-14993	372 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors. Trustee	s. K	ev	Em	pla	vees	s. H	lighest Comp		772 Page 1
Ų-	Employees, and Independent C Check if Schedule O contains a re	ontractors	-	•				-			
Section A.	Officers, Directors, Trustees, Key I	<del></del>							<del></del>		
	this table for all persons required to be									a with or within	the
organization's	s tax year.								·		
of compensat  List all  List the who received organization	of the organization's <b>current</b> officers, cion. Enter -0- in columns (D), (E), and of the organization's <b>current</b> key emple organization's five <b>current</b> highest coreportable compensation (Box 5 of Formal any related organizations.	(F) if no compet loyees, if any. S impensated emp rm W-2 and/or l	nsationee in oloye Box 7	on w strues es (d	ras ctio othe Forr	paid ns f er th m 10	f. or det an ar 099-N	finiti n of MS(	ion of "key empl ficer, director, tri C) of more than	oyee." ustee, or key em \$100,000 from t	nployee) he
	of the organization's <b>former</b> officers, k eportable compensation from the orga								a employees wh	o received more	e than
	of the organization's former directors	-			-				lv as a former di	rector or trustee	of the
	more than \$10,000 of reportable comp										
compensated	n the following order: individual trustee employees; and former such persons	•					·				
Check th	is box if neither the organization nor ar	ny related organ	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	ee.
	(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than out to the state of the st	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	or director			Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr. Mai		40.00	1								
Pres. & Truste		0.00	_	_	X	<u> </u>		_	24,180		
<b>(2)</b> _ Dr. Eile	en Dayton	40.00	1						7.474		
Trustee (3) D. Brac	llev Evre	0.00 10.00		-	-	H			7,474		
Trustee	ind rate	0.00	1								
(4) Jennife	r Seerden	30.00									
Trustee		0.00	1								
	Williams	20.00									
Secretary		0.00			X						
(6)						·					
_(7)											
(8)											
_(9)											
(10)											
(11)									· · · · · · · · · · · · · · · · · · ·		

(12)

(13)

Part VII Section A. Officers, Directors, Tru  (A)		(B) Average	(do r	not ch	Pos neck	C) ition more	than o	one	(D) Reportable	(E)	(cor	(F) Estimated amount of		
	Name and title	hours per week (list any hours for related organizations below dotted line)		er an	dad	irect	by Highest compensated in the employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS		am comp fro orga and		f on on d
(15)														
(16)														
(17)														-
(18)	***************************************		-											
(19)			-											
(20)														
(21)			ļ											
(22)			<del> </del>											
(23)			•											
(24)														
(25)														
1b c	Sub-total								31,654 0		0			0
<u>d</u>	Total (add lines 1b and 1c)								31,654	<del></del>	0			0
2	Total number of individuals (including but not reportable compensation from the organizatio						o rec	eiv	ed more than \$	100,000 of				
													Yes	No
3	Did the organization list any <b>former</b> officer, di employee on line 1a? If "Yes," complete Sche											3		X
4	For any individual listed on line 1a, is the sum	of reportable co	ompe	nsa	tion	and	d othe	er c	ompensation fro	om	Ī			
	the organization and related organizations greindividual							ete	Schedule J for	such				v
5	Did any person listed on line 1a receive or acc	crue compensat	ion fr	om	any	uni	relate					4	1	<u> </u>
Sec	for services rendered to the organization? If " tion B. Independent Contractors	Yes," complete	Sche	dule	9 J 1	or s	uch p	ers	son	<u></u>		5	1	<u> </u>
1	Complete this table for your five highest compcompensation from the organization. Report of year.	•										's tax		
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) compen		
														C
		·							<del></del>					
														0
	Total aurabas of the state of th													0
2	Total number of independent contractors (incl more than \$100,000 of compensation from the		nited ►	to t	nos	e lis	ted al 0	DOV	e) wno received	1				

Par	t VIII	Statement of Revenue					
•		Check if Schedule O contains a response	or note to any line i	in this Part VIII.		· · · · · ·	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
12 15 15	1a		1a 0				
iran	b	- · · · - · ·	<b>Ib</b> 0				
ts, G			1c 0				
ilar	đ		1d 0				! 
ons Sin	e	All other contributions, gifts, grants, and	ie U				
but	•		1f 104				
Contributions, Gifts, Grants and Other Similar Amounts	g		\$ 0				
ā Č	h	Total. Add lines 1a-1f	<b>.</b>	104			
це			Business Code				
Program Service Revenue	2a	Educational Programs	611710	1,981,156	1,981,156		
88	b			0			
Ž	C			0			<u> </u>
Se	d		<u> </u>	0			
уrап	e •	All other program service revenue					
Ş.	,	Total. Add lines 2a–2f.	<b></b>	1,981,156	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including dividends, inter		1,501,100			
	-	other similar amounts)		1,871	1,871		
	4	Income from investment of tax-exempt bond	oroceeds▶	0			
	5	Royalties	<u></u>	0			
		(ı) Real	(iı) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		0			<del> </del>
	/a	Gross amount from sales of assets other than inventory .	0 0		:		
	h	Less: cost or other basis	<u> </u>	'			
		and sales expenses	ol ol				
	С	Gain or (loss)	0 0				}
	d			0			
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c).					
er Re	_	See Part IV, line 18					
<b>H</b>		Less: direct expenses		•			1
•		Net income or (loss) from fundraising events Gross income from gaming activities.		0		·, - · - ·	
		See Part IV, line 19					
		Net income or (loss) from gaming activities .		0	,		
		Gross sales of inventory, less					
	.00	returns and allowances	a 0				
	ь	Less: cost of goods sold					
		Net income or (loss) from sales of inventory .		0			1
		Miscellaneous Revenue	Business Code				
	11a			. 0			
	b			0			ļ
	C			0	<del></del>		ļ <u></u> -
	d	All other revenue	L	0			<u> </u>
	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	<u>, , , , , , , , , , , , , , , , , , , </u>	1,983,131	1,983,027	C	) C

Form **990** (2013)

Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete al	ll columns. All other	organizations mus	t complete column	(A).
	Check if Schedule O contains a response or note	e to any line in this P	Part IX		X
	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	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			· <u>····································</u>
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			_	
_	trustees, and key employees	25,393	24,184	1,209	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		j		
_	persons described in section 4958(c)(3)(B)	20 520	00 500		
7	Other salaries and wages	26,520	26,520		······································
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	ا			
9	Other employee benefits	2,302	2,302		<del></del>
10	Payroll taxes	3,949	3,856	93	
11	Fees for services (non-employees):	3,343	3,830	931	<del></del>
''a	Management	o			
h	Legal	766	766		
G	Accounting	0	700		
ď	Lobbying	o			
6	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	95,727	95,727		
12	Advertising and promotion	500	500		
13	Office expenses	442,991	442,991		
14	Information technology	70,431	70,431		·
15	Royalties	0			· · · · · · · · · · · · · · · · · · ·
16	Occupancy	126,017	126,017		·
17	Travel	36,949	36,949		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,003	10,003		
20 21	Interest	0		<del></del>	
	Depreciation, depletion, and amortization		20 121	0	
22 23	Insurance	38,121 1,284	38,121	1,284	
23 24	Other expenses. Itemize expenses not covered	1,204		1,204	<del></del>
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ł l			ı.
	(A) amount, list line 24e expenses on Schedule O.)	1			
а	Memberships/Dues/Subscriptions	2,695	2,695		
b		0			
C		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e.	883,648	881,062	2,586	(
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				

P	art X	Balance Sheet			
1	<b>.</b>	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	621,157	1	580,310
	2	Savings and temporary cash investments	573,785	2	1,705,522
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	278,360	4	293,557
	5	Loans and other receivables from current and former officers, directors,			
	ļ	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 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		1	ŧ.
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a			ŀ	
		other basis. Complete Part VI of Schedule D 10a 1,865,482	4 055 074	40.	4.040.040
	I	Less: accumulated depreciation	1,655,371		1,643,649
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		13	0
	13	Investments—program-related. See Part IV, line 11	0		
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	3,128,673		4,223,038
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,128,073 29,651		24,533
	17 18	Grants payable	29,031	18	24,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ā	1	disqualified persons. Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0	23	(
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third			<del>-</del>
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0		
	26	Total liabilities. Add lines 17 through 25	29,651	26	24,533
	Ì	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ë	ļ	complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	· <u>· · · · · · · · · · · · · · · · · · </u>
Pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here    X and complete lines 30 through 34.			
ts c	00	· · · · · · · · · · · · · · · · · · ·	^	20	,
Se	30	Capital stock or trust principal, or current funds	0		
¥	31 32	Paid-in or capital surplus, or land, building, or equipment fund	3,099,022		4,198,505
Ž	33	Total net assets or fund balances	3,099,022		4,198,505
	34	Total liabilities and net assets/fund balances	3,128,673		4,223,038
		TOTAL BEAUTICE CITY IN CONCENSION WILL VALGINOS	0,120.010	'	,,,

Form S	90 (2013) International Academy of Science	43-14	9937Z,	Pag	ge 12
Part	XI Reconciliation of Net Assets				<u> </u>
	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		1,983	3,131
2	Total expenses (must equal Part IX, column (A), line 25)	2		883	,648
3	Revenue less expenses. Subtract line 2 from line 1	3		1,099	,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,022
5	Net unrealized gains (losses) on investments	5			
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	·		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		4,198	3,505
Part	•				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			i	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?.	OI .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		54		<del>  ^</del>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. Зь		
	The state of the s	<u> </u>		990	(2013)
					· ·-/

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

2013

Open to Public Inspection

Name	of the	organization							Employe	r identificat	ion numi	ber	
		nal Academy									199372		
Pa				arity Status (All org						struction	ns.		
	orgar		-	ation because it is: (Fo		_		-					
1	$\vdash$			rches, or association o			ed in sec	tion 170(	(b)(1)(A)(i	i}.			
2	M			on 170(b)(1)(A)(ii). (At		•							
3		-	•	nospital service organi									
4			esearch organiza ime, city, and sta	ation operated in conju ate:	nction wit	h a hospit	al describ	ed in se	ction 170	)(b)(1)(A)	(iii). En 	ter the	) 
5		_	•	r the benefit of a colleg (Complete Part II.)	je or unive	ersity own	ed or ope	erated by	a govemr	mental un	it descr	ibed	
6		A federal, st	ate, or local gov	ernment or governmer	ntal unit de	escribed i	n <b>sectio</b> i	170(b)(	1)(A)(v).				
7		-		y receives a substantia (1)(A)(vi). (Complete l	•	ts suppor	t from a g	ovemmei	ntal unit o	r from the	genera	al publ	IC
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	omplete F	Part II.)						
9	襾		organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
		receipts from	n activities relate n gross investme	ed to its exempt function in the control of the con	ons—subje ed busine	ect to cert ess taxable	ain excep e income	itions, and (less sec	d (2) no n tion 511 t	nore than	33 1/39	% of its	
10			-	nd operated exclusive		•		-	•	4).			
11	Ħ	•	organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the										
••	_	purposes of	one or more pul	blicly supported organi	zations de	escribed i	n section	509(a)(1)	or sectio	n 509(a)(	2). See		ion
		a Type		at describes the type of type II c Type	i supporti e III–Funci							toarot	od
_	$\Box$					•	-		• •		-	-	<del>o</del> u
е	ш			y that the organization on managers and othe									on
		•	section 509(a)(2	_	i tilali One	9 01 111016	publicly 5	upported	Organiza	110113 4631	JIID <del>O</del> U II	1 3600	OH
f				a written determinatior	from the	IRS that i	it is a Tvn	el Tyne	II or Typ	e III sunn	ortina		
•			, check this box						п, от тур		····		
g		_	•	the organization accep	pted any g	gift or conf	tribution f	rom any c	of the				L
		following per	rsons?										
			-	or indirectly controls,		_						Yes	No
		-		verning body of the su		-					11g(i)	ļ	
			•	person described in (i)							11g(II)	<del> </del>	
h				y of a person describe ation about the suppor						• •	11g(iii)	<u> </u>	<u> </u>
	Name	of supported		(iii) Type of organization				ou potify	(vi)	Is the	(vii) An	nount of m	onetary
(*)		anization	(, 2	(described on lines 1–9		sted in your	the organ	nization in		tion in col	(*,	support	ionow, y
			1	above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?	İ		
				(see manacaons)	Yes	No	Yes	No	Yes	No	1		
(A)													
(B)													
(C)	·						:						
(D)													
(E)													
Tota	1												0

Part II

Contout	NOW (I SIM SEE SI SEE EE) LETS MICEINATIONAL AC					43-149937	Z Page Z
Par							
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	iled to qualify	under '
	Part III. If the organization fails to	qualify under t	the tests liste	d below, plea	se complete F	Part III.)	
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	<u> </u>	\./ <u></u>		(4) = 0 1 =	(0) 2010	(1) 10.0.
•	membership fees received. (Do not						
	·						_
_	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the					-	
	organization without charge						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					Ì	
	or publicly supported organization)					Ì	
	included on line 1 that exceeds 2%						
	of the 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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,				<b>.</b>		
•	payments received on securities loans,					İ	
	rents, royalties and income from similar						
	sources						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		· <del>· · · · · · · · · · · · · · · · · · </del>				0
,,,	loss from the sale of capital assets						
	<u>-</u>						
11	(Explain in Part IV.)						0
12	Total support. Add lines 7 through 10		·				0
13	Gross receipts from related activities, etc. (s	ee instructions,	) 			12	(0)
13	First five years. If the Form 990 is for the or	rganization's ill	st, secona, tnir	a, iourin, or iiii	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here		· · · · · ·	· · · · ·	<del></del>		· · · <b>P</b>
	ion C. Computation of Public Support		<del></del>		<del> </del>	·	
14	Public support percentage for 2013 (line 6, c	olumn (f) divide	ed by line 11, o	column (f))		14	0.00%
15	Public support percentage from 2012 Sched					15	0.00%
16a	33 1/3% support test—2013. If the organization	ation did not ch	eck the box or	i line 13, and lii	ne 14 is 33 1/3º	% or more, che	ck this box
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	ation			▶
b	33 1/3% support test-2012. If the organization						
	box and stop here. The organization qualifie	es as a publicly	supported org	anization			▶[
17a	10%-facts-and-circumstances test—2013	. If the organiza	ation did not ch	eck a box on li	ne 13, 16a, or	16b, and line 14	4
	is 10% or more, and if the organization meet	ts the "facts-and	d-circumstance	es" test, check	this box and s	top here. Expla	ain in
	Part IV how the organization meets the "fact						
	organization						•
b	10%-facts-and-circumstances test—2012						ine
	15 is 10% or more, and if the organization m	•					
	Part IV how the organization meets the "fact						
	supported organization			_	quannes as a p	•	
18	Private foundation. If the organization did r						•
							<b>▶</b> □
	instructions				· · · · ·		– 🗀

Page 3

Schedule A (Form 990 or 990-EZ) 2013 International Academy of Science

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

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

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						0
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5	0	0	0	0	0	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
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	o	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
С	acquired after June 30, 1975	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on .						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0					0
14	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year a			<b>&gt;</b>
Sec	tion C. Computation of Public Support					<del></del>	
15	Public support percentage for 2013 (line 8, column					15	0.00%
16	Public support percentage from 2012 Schedule A,			<u> </u>	<del></del>	16	0.00%
	tion D. Computation of Investment Inco					T 4= 1	0.000/
17	Investment income percentage for 2013 (line 10c,					17	0.00%
18	Investment income percentage from 2012 Schedul					18	0.00%
19a	33 1/3% support tests—2013. If the organization not more than 33 1/3%, check this box and stop h	ere. The organiz	ation qualifies a	s a publicly supp	orted organizatio	n	▶□
b	33 1/3% support tests—2012. If the organization line 18 is not more than 33 1/3%, check this box at						▶ [ ]
20	Private foundation. If the organization did not che						

Schedule A (Form	990 or 990-EZ) 2013		Academy of Scien			4	13-1499372	. Page <b>4</b>
Part IV	Supplemental	Information.	Provide the exp	lanations requi	ired by Part II, Ii	ine 10; Part	II, line 17a or	· 17b;
			nplete this part fo					•
·····								
				. <b></b>				
				·				
			<del></del>					
								• • • • • • • • •
			_					

### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization	Employ	er identification number
Interr	national Academy of Science		43-1499372
Part		nds or A	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held		
_	funds are the organization's property, subject to the organization's exclusive legal control		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant		
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or		
_	purpose conferring impermissible private benefit?	<u> </u>	165100
Par			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	af an binta	wiselly respectant land area
			rically important land area
	Protection of natural habitat Preservation	of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in <u>the f</u>	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements	F	<del></del>
c C	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20	
ď	historic structure listed in the National Register	. 2d	
3	Number of conservation easements modified, transferred, released, extinguished, or ter		v the organization
	during the tax year		, are enganization
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling	of
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easemen	ts during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements du	ring the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	or section	
9	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ii)?	 and evn	Yes No
3	balance sheet, and include, if applicable, the text of the footnote to the organization's fin		
	the organization's accounting for conservation easements.	ianolai sia	terrierite triat decembes
Par		r Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue s	tatement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa		
	of public service, provide, in Part XIII, the text of the footnote to its financial statements		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve		
	works of art, historical treasures, or other similar assets held for public exhibition, educa		
	of public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		. ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar ass		ancial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these		~ <b>^</b>
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		. ▶ \$

Schedu	le D (Form 990) 2013 International Academy o						43-1499			Page <b>2</b>
Part	III Organizations Maintaining Colle	ctions of Art,	Histor	ical Trea	sures, or O	ther	Similar Assets	(continu	ued)	,
3	Using the organization's acquisition, access		ecords,	check an	y of the follow	ving th	nat are a significa	nt		•
	use of its collection items (check all that ap	ply):	_							
а	Public exhibition	C	# <u> </u>	Loan o	or exchange p	orogra	ms			
b	Scholarly research	•	e 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collections and e	xplaın l	how they	further the or	ganıza	ation's exempt pu	rpose in		
	Part XIII.									
5	During the year, did the organization solicit	or receive donat	tions of	art, histo	rical treasure	s, or o	ther similar	_		
	assets to be sold to raise funds rather than	to be maintained	d as pa	rt of the o	rganization's	collec	tion?	Ye	s 💹	No
Part	IV Escrow and Custodial Arrange	ments.								
	Complete if the organization answ	wered "Yes" to	Form 9	990, Parl	t IV, line 9, c	r rep	orted an amoun	t on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo			-				<b></b>		i
	included on Form 990, Part X?						· · · · · ·	Ye	es []	No
b	If "Yes," explain the arrangement in Part XI	II and complete t	the follo	owing tabl	le:					
	m to the training					-		Amount		
C	Beginning balance					1		<del> </del>		0
d	Additions during the year					1,	<del> </del>	<del></del>		
e f	Distributions during the year						f			0
_ •									s X	
2a	Did the organization include an amount on								*s   -	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if	the exp	planation	has been pro	vided	in Part XIII	<u> </u>		<u> </u>
Part			_							
	Complete if the organization ansi							1		
4-		Current year	( <b>b</b> ) Pro		(c) Two years		(d) Three years back	<del></del>	ur years	
1a	Beginning of year balance			0		0		0		0
b	Net investment earnings, gains,	<del></del>						+		
·	and losses									
d	Grants or scholarships							+		
6	Other expenditures for facilities				,			<del>                                     </del>		
_	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cu	irrent year end ba	alance	(line 1g, d	column (a)) h	eld as	•		-	
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	·%								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should be should									
3a	Are there endowment funds not in the poss	ession of the org	ganızatı	ion that a	re neid and a	aminis	stered for the	1	Yes	No
	organization by: (i) unrelated organizations							3a(i)	162	NO
	(ii) related organizations							3a(ii)		<del></del>
ь	If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Part					<del></del>		- · · · - · · · · · · · · · · · · · · ·			
	Complete if the organization answ		Form 9	990. Par	t IV. line 11a	a. See	Form 990, Pai	t X, line	10.	
	Description of property	(a) Cost or other			st or other		) Accumulated		ook valu	e
		(investment			s (other)	•	depreciation			
1a	Land		0		1,511,250				1,51	11,250
b	Buildings		0		115,795		5,347		11	10,448
c	Leasehold improvements		0		0		0			0
d	Equipment		0		204,237		182,286		2	21,951
<u> </u>	Other		<u> </u>	<u> </u>	34,200		34,200			0
I ota	. Add lines 1a through 1e. (Column (d) mus	t equal Form 00/	) Part	X column	1 (R) line 10/	CII	▶ 1		1 64	13 649

Part VII	Investments—Other Securitie Complete if the organization ar		0. Part IV. line 11b. See Forr	n 990. Part X. line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	aluation.
(1) Financial (	derivatives	0		<del></del>
• •	old equity interests	0		
(Ç)				
				<del> </del>
(Ē)				
				· · · · · · · · · · · · · · · · · · ·
(H)	nust equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat	<del>`</del>		
Part VIII	Complete if the organization ar		0, Part IV, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	( <b>b)</b> Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				<del> </del>
(9)	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization ar		0, Part IV, line 11d. See For	n 990, Part X, line 15.
		a) Description		(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	
Part X	Other Liabilities.  Complete if the organization ar line 25.	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	
(9)				
	ust equal Form 990, Part X, col (B) line 25)	0	<u> </u>	a that raparts the
	uncertain tax positions. In Part XIII, provi			
organization S	liability for uncertain tax positions under	r iin 40 (AQC /40). Check nere	ii alia feyt ol alia loofilofa ligz daali	PIOVIDED III FAIL AIII.

Schedule D (Form	990) 2013	International Academy of Science	43-1499372 Pa	ge <b>5</b>
Part XIII		mental Information (continued)		
•	<del></del>			
				<b></b> -
	. <b></b>			<b></b>
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

#### **SCHEDULE E** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

International Academy of Science

Employer Identification number

43-1499372

-ı aı			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			<del></del>
	bylaws, other governing instrument, or in a resolution of its governing body?	1_	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			· 
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	×	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	-	<u> </u>	
•	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 Part II	3	X	
	All literature and published announcements about the educational programs of the Academy include			
	the phrase, "The International Academy of Science does not discriminate on the basis of race, color, religion			
	sex, or national origin in either education or employment".			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4c	x	
d	with student admissions, programs, and scholarships?	4d	x	
<u> </u>	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	<u>5a</u>		X
b	Admissions policies?	5b		X
C	Employment of faculty or administrative staff?	5c		X
_		l <u>.</u> .		
d	Scholarships or other financial assistance?	<u>5d</u>		_X_
e	Educational policies?	5e		x
f	Use of facilities?	5f		<u> </u>
		_		.,
g	Athletic programs?	5g		<u> </u>
h	Other extracurricular activities?	5h		х
••	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<u> </u>		
		1		
_		_		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	-	X
b	Has the organization's right to such aid ever been revoked or suspended?	- OD		<del>  ^-</del>
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 Part II	7	x	_

Schedule E (F	orm 990 or 990-EZ) (2013)	International Acad				43-1499372	Page 2
Part II	Supplemental Information applicable. Also com	<b>nation.</b> Provide to plete this part to p	he explanations rovide any other	required by Part I, line additional information	es 3, 4d, 5h, 6t n (see instructi	o, and 7, as ons).	-
			***************************************				

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection **Employer Identification number** 

Name of the organization 43-1499372 International Academy of Science Form 990, Part VI, Section B, Line 11b: 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 are available to the public. Form 990, Part IX, Line 11g: The Academy contracts with teachers to develop curriculum to be added to the online courseware provided by the Academy. The contract services paid are included on this line.

Schedule O (Form 990 or 990-E2) (2013)		Rage 2
Name of the organization	Employer Identification number	
International Academy of Science	43-1499372	
		·
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<b></b>

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service

(99) ► See separate Instructions.

Attach to your tax return.

Name(s) shown on return		ess or activ	ity to which this fo	rm relates		Identifying num	ber	
International Academy of Science	1990					43-1499372		<del></del>
Part I Election To Expense	Certain Prope	erty Und	er Section 179	9				
Note: If you have any listed	<del></del>						1-2-1	500.000
1 Maximum amount (see instruction	s)						1	500,000
2 Total cost of section 179 property							2	6,399
3 Threshold cost of section 179 prop							3 4	2,000,000
4 Reduction in limitation. Subtract lin							4	
5 Dollar limitation for tax year. Subtr							5	500,000
separately, see instructions 6 (a) Description of p		· · ·		st (business use		(c) Elected co		300,000
(a) Description of	property		(b) cos	st (business use	only)	(c) Liected co	-	
7 Listed property. Enter the amount	from line 29				7			
8 Total elected cost of section 179 p							8	0
9 Tentative deduction. Enter the sm							9	0
10 Carryover of disallowed deduction							10	
11 Business income limitation. Enter							11	
12 Section 179 expense deduction. A							12	0
13 Carryover of disallowed deduction	to 2014. Add lin	es 9 and	10, less line 12	<i></i> .	▶ 13		0	
Note: Do not use Part II or Part III bel	ow for listed proj	perty. Inst	tead, use Part V.					
Part II Special Depreciation	Allowance ar	nd Other	<b>Depreciation</b>	(Do not inc	lude listed p	roperty.) (See	instru	ctions.)
14 Special depreciation allowance for	r qualified proper	rty (other	than listed prope	erty) placed ir	n service		1 1	
during the tax year (see instruction							14	
15 Property subject to section 168(f)(							15	
16 Other depreciation (including ACR						<u> </u>	16	
Part III MACRS Depreciation	n (Do not inclu			e instruction	s.)			
	<del> </del>		ion A				14-1	00.000
17 MACRS deductions for assets pla							17	36,620
18 If you are electing to group any as								
general asset accounts, check he								
Section B - Assets	Placed in Serv	ice Durin	g 2013 Tax Yea	r Using the	General Dep	reciation Syste	<u>m</u>	
	(b) Month and	1 ''	s for depreciation	(d) Recovery			1	
(a) Classification of property	year placed	1 '	s/investment use	репод	(e) Convention	(f) Method	Method (g) Depreciation	
	in service	oniy	see instructions)				+	
19 a 3-year property	-	<u> </u>	C 200		LIV	20008	╅	1,280
b 5-year property	-	<u> </u>	6,399	5	HY	200DB	+	1,200
c 7-year property	4						+	<del></del>
d 10-year property	-						╅	
e 15-year property	-					···	<del>                                     </del>	
f 20-year property				25 yrs.		S/L	+	
g 25-year property h Residential rental		<b></b>		27.5 yrs	MM	S/L	+	
				27.5 yrs.	MM	S/L	+	
property i Nonresidential real	3/31/2014	<del>                                     </del>	18,750		MM	S/L	+	221
property	3/3//2014		10,100	00 110.	MM	S/L		
Section C - Assets F	Placed in Service	e During	2013 Tax Year	Using the A	<del></del>	<u> </u>	tem	
20 a Class life	Tuoca III oci Via		2010 102 100.	<u> </u>	1	S/L	T	
b 12-year	1			12 yrs		S/L		
c 40-year			· · · · · · · · · · · · · · · · · · ·	40 yrs.	MM	S/L		
Part IV Summary (See instru	ctions.)	•			-			
21 Listed property. Enter amount fro							21	
22 Total. Add amounts from line 12,	lines 14 through	17, lines	19 and 20 in col	lumn (g), and	l line 21.			
Enter here and on the appropriate	lines of your ret	turn. Partı				ons	22	38,121
23 For assets shown above and place								
23 For assets shown above and place	ed in service du	ring the c	urrent year, ente	r the portion	23			