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Formt **990**

Return of Organization Exempt From Income Tax "

OMB No 1545-0047

2015

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.

Open to Public

Inter	nal Rever	nue Service		► Informa	tion about Form 99	90 and its instructi	ons is at www.irs.	gov/form!	990.		Ins	pection
Ā	For the	e 2015 calend	lar year, or	tax year begi	nning		, 2015, and	ending			, 20	
В	Check if	applicable	C Name of c	organization IND	IANA ACADEMY	OF SCIENCE					D Employer ide	ntification no.
	Address	change	Doing bus	siness as							35-10688	30
$\overline{\Box}$	Name ch	-			ox if mail is not delivered	to street address)		Room/s	suite		E Telephone nu	mber
$\overline{\Box}$	Initial ret			•	RARY 140 N SE	•					(765) 437	
ă		um/terminated			e, country, and ZIP or fore					\neg	3,679	
	Amende		· ·		IN 46204-229	=					G Gross receipts	
X			-				~				3 Gross receipts	1.9
M	Applicati	on pending	F Name and	faddress of princip	al oπicer			H(a)	ls this a gr subordinat	oup retu	um for	🖼
				П		П Г	7	──				Yes X No
<u></u>			501(c)(3)	501(c) () (insert no)	4947(a)(1) or	527	—— H(b)	Are all sub	ordinate, o," attacl	es included? h a list (see instri number	Yes No uctions)
<u>J</u>	Website			DEMYOFSCI				H(c)				
			Corporation	Trust As	sociation Other	•	L Year of formation	1895	M State	of lega	I domicile IN	<u> </u>
14	art I	Summar	•	-								
	1	-	~		sion or most signific		IE ACADEMY PR					
ф		THE DIFF	USION O	F SCIENTI	FIC INFORMAT	ION, ENCOURAGE	ES COMMUNICA	TION A	ND COO	PERA	TION AMO	NG
Activities & Governance		SCIENTIS	TS AND	IMPROVEME	NT IN EDUCAT	ON IN THE SO	CIENCES.					
Ě												
ŏ	2	Check this be	ox ▶ 🔲 if t	the organizatio	n discontinued its of	perations or dispose	ed of more than 25%	of its net	assets			
9	3	Number of vo	oting memb	ers of the gove	eming body (Part VI	, lıne 1a)				3		9
3 S €	4	Number of in	dependent	voting membe	rs of the governing l	body (Part VI, line 1	b)			4		9
₹	5	Total number	r of ındıvıdu	als employed i	n calendar year 201	5 (Part V, line 2a)				5		1
2 5	6	Total number	r of voluntee	ers (estimate if	necessary) .					6		125
§ ⋖	7a	Total unrelate	ed business	s revenue from	Part VIII, column (0	C), line 12				7a		0
9	Ь				from Form 990-T, I					7b	_	
_	_				•		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T	Prior Year	1	Current	Vear
	8	Contributions	s and grants	s (Part VIII, line	e 1h)			<u> </u>		,207		90,938
9	9		_	•	e 2g)					,801	j	17,032
Revenue	10				A), lines 3, 4, and 7					,998		228,398
ě	11		-		nes 5, 6d, 8c, 9c, 10	·				,701	 	
_	12		-		(must equal Part VI	•				,707	1	185
	13				IX, column (A), line							336,553
	14				X, column (A), line,		า	-	/ 5	,740		74,810
	ľ						10)		150	700]	150 506
es	15	Salaries, other	er compens	sation, employe	ee benefits (Part IX,	column (A); lines 5	10)	-	152	,782	1	150,586
Sue	16a	Professional	Tundraising	rees (Part IX,	column (A), ling (11e	2 6 · 2016 · √Q					<u> </u>	0
Expenses					olumn (D), line 25)	# LF . 4 T	0	ļ				
Ш	17	Other expens	ses (Part IX	(, column (A), I	nes 11a-1(d,(11f-2	te) Y			265	,253		269,091
	18				t equal-Part-IX, colu	mn (A), line 25)				,775		494,487
	19	Revenue less	s expenses	Subtract line	18 from line 12				(216	,068)	(157,934)
Net Assets or								Beginning	g of Current	Year	End of	Year
Sets	20	Total assets	(Part X, line	•					7,291	,264	7.	<u>,</u> 135,044
T As	21	Total liabilities	•	,				ļ				1,714
					line 21 from line 20				7,291	,264	7,	,133,330
	rt II		re Block									
Unde	r penaltie:	s of pegury, I decla	are that I have	examined this retu	m including accompanyi cer) based on all infom	ng schedules and statem	ents, and to the best of m	y knowledge	and belief, i	t ıs		
uue,	Joneci, ai	nd complete Decis	aration of preparation	(one train on	Cer) is based on an inion	Tation of Which preparer	las any knowledge				1 1	
				4 //						_ 8	3/12/16	
Sig	n	Signature	e of officer				_			Date	7	
Hei	e	MIKE	FINKLE	R, TREASUI	RER ELECT							
			pant name and		-							
		Print/Type pre	parer's name		Preparer's signature		Date		Check	ıf P	PTIN	
Pai	d	DONALD		E	Donald F	2. Hantee	08-10-2016		self-employe	l i	P000838	19
	parer	<u> </u>	>		Associates			Firm's E				
	Only	_			cennes Rd St			Phone				
		, 3 Bouless			polis IN 4626			1		L7 - 3	37-1040	
May	the IRS	S discuss this	return with		hown above? (see						🛛 Yes	. □ No

Form 990 (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	m 990 (2(15) INDIANA ACADEMY OF SCIENCE	*	35-1068830	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>	🗆
1	Briefly describe the organization's mission:			
	THE ACADEMY PROMOTES SCIENTIFIC RESEARCH AND THE DIFFUSION OF SCIENTIFIC	INF	ORMATION,	
	ENCOURAGES COMMUNICATION AND COOPERATION AMONG SCIENTISTS AND IMPROVEMENT	r in	EDUCATION I	N THE
	SCIÈNCES.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	pnor Form 990 or 990-EZ?		. 🗌 Yes	K No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program			_
	services?		🗌 Yes	K 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 me		•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to oth	iers,	
	the total expenses, and revenue, if any, for each program service reported			
			 	
4a	(Code:) (Expenses \$94,856 including grants of \$) (Reve		\$)
	PROVIDED WORKSHOPS, SEMINARS AND EVENTS FOR THE PUBLIC AND ACADEMY MEMBER	RS T	O EXCHANGE	
	SCIENTIFIC INFORMATION. ATTENDED BY OVER 7,000.		_	
				
			- . ,	
				
				
		_		
415	(Code) \(\sigma_{\text{incomes}}\sigma_{\text	-		
4b	(Code:) (Expenses \$74,810 including grants of \$74,810) (Reve		\$)
4b	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AN)
4b)
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	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AT STUDENTS (Code:) (Expenses \$29,569 including grants of \$) (Rever	nue	HIGH SCHOOL	
	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AND STUDENTS CODE:	nue	HIGH SCHOOL \$ HOF SCIENTI) STS
	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AND STUDENTS (Code:	nue	HIGH SCHOOL \$ HOF SCIENTI) STS
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4 c	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AN STUDENTS (Code:) (Expenses \$29,569 including grants of \$) (Reversible the proceedings of the indiana academy of science containing resign in indiana and other states. The proceedings are distributed to over 770 Libraries in the united states.	nue	HIGH SCHOOL \$ HOF SCIENTI) STS
4 c	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 29 ADULT RESEARCHERS AND STUDENTS (Code:	nue	HIGH SCHOOL \$ HOF SCIENTI) STS

Part IV

Checklist of Required Schedules

35-1068830 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 X X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Х 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 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 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 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b 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 Χ 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 foreign organization? If "Yes." complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19

Part IV Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b 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 X 26 27 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 280 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 Х 19? Note. All Form 990 filers are required to complete Schedule O

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

X

13a

13b

b

C

14a

35-1068830 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.

Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			. 🛚
Sec	tion 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			ĺ
	committee, explain in Schedule O.			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its 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			ĺ
	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,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			ĺ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	<u> </u>
<u>Sec</u>	tion 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?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ĺ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.	3 2	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 1	3.7	1
a	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		v
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401	:	ĺ
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN Section 6404 required on according to the Forms 1023 (or 1024 if applicable) 990, and 990 T (Section 594(a)(3)) only)			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MIKE FINKLER (765) 437-8994, 503 DEERBERRY DRIVE, NOBLESVILLE, IN 46062-8838			
	MIRE FINALEK (/05)45/-0554, SUS DEGREERKI DRIVE, NUDDESVIDDE, IN 40004-0036			

Form		

INDIANA ACADEMY OF SCIENCE

35-1068830

age 7

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

Check if Schedule O contains a response or note to any line in 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)	/do s	ot ch		sition	han one		(D)	(E)	(F)
Name and Title	Average					s both a		Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a di	rector	/trustee)	compensation from	compensation from related	amount of
	hours for							the	organizations	other compensation
	related	Individual trustee or director	Insti	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
•	organizations below dotted	ecto	utior	ę	emp	est c	ĕr	(W-2/1099-MISC)		organization and related
	line)	ا ءُ ايَّة	nal tri		oye	a so				organizations
		l ê	Institutional trustee		٠	Highest compensated employee				
			۵			ĕ				
						ļ				
(1) STANLEY BURDEN	1.00									
COUNCIL MEMBER		X							0	0
(2) DELORES BROWN	40.00									
EXECUTIVE DIRECTOR		X				Х		89,621	0	0
(3) ALICE LONG HEIKENS	1.00									
COUNCIL MEMBER		X						0	0	0
(4) DANIEL BAUER	1.00									
COUNCIL MEMBER		X						0	0_	0
(5) HORIA PETRACHE	1.00									
COUNCIL MEMBER		X						C	0	0
(6) MICHAEL HOMOYA	1.00				- 1					
PRESIDENT ELECT			_	X	_				0	0
(7) ARDEN J BEMENT JR.	1.00	•			l					
PAST PRESIDENT				X	\dashv		_	0	0	<u>_</u>
(8) MIKE FINKLER	1.00			7,						
TREASURER	1 00			X			-	O	0	0
(9) VANESSA QUINN	1.00			Х						_
SECRETARY	1 00			-					0	0
(10)DARRIN RUBINO PRESIDENT ELECT	1.00			Х				d	اه	0
(11)	-									
\-'			- 1							
(12)										
<u> </u>				_						
(13)							ļ			
<u>(14)</u>										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles: er and	a dire	tion ore th on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensati from the ganization nd relate ganizatio	on d
<u>(15)</u>													
(16)												-	
<u>(17)</u>									<u> </u>			·· <u>-</u>	
<u>(18)</u>									-				
(19)			-				_						-
(20)_													
(21)_													
(22)													
(23)_									, , , , , , , , , , , , , , , , , , , ,				
(24)												-	
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, Section						· · ·	>					
d	Total (add lines 1b and 1c)	<u> </u>							89,621	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	vho	rece	eved m	ore	than \$100,000 of	0			
												Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		-			_			pensated		3		Х
4	For any individual listed on line 1a, is the sum of rep										J		
	organization and related organizations greater than		"Yes,"	con	nplet	e Sc	chedule	e J f	or such				32
5	individual		· · · from a	inv L	 ınrel	ated	organ	 ızati	on or individual		4		X
	for services rendered to the organization? If "Yes," of	-		-			-		<u> </u>		5		X
	on B. Independent Contractors						.						
1	Complete this table for your five highest compensation from the organization Report compensation.	•											
	year. (A)							-	(B)			(C)	
	Name and business address				-			-	Description of	services	Com	pensation	<u> </u>
									 				
2	Total number of independent contractors (including			ose l	isted	abo	ove) w	ho	·				
	received more than \$100,000 of compensation from	ule organiza	uUII	_									

INDIANA ACADEMY OF SCIENCE 35-1068830 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Related or exempt function Unrelated business revenue Revenue excluded from tax Total revenue under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1a 24,250 h Membership dues 1b c Fundraising events 1c 1d Related organizations . . Government grants (contributions) . . 1e 27,264 f All other contributions, gifts, grants, and similar amounts not included above 1f 39,424 Noncash contributions included in lines 1a-1f \$ 90,938 Total. Add lines 1a-1f **Business Code** Program Service Revenue 541700 2a MEETINGS 15,994 15,994 b JUNIOR ACADEMY REGISTER 541700 1,038 1,038 f All other program service revenue 17,032 Investment income (including dividends, interest, 3 and other similar amounts) 225,642 225,642 Income from investment of tax-exempt bond proceeds Royalties (ı) Real 6a Gross rents **b** Less: rental expenses . . c Rental income or (loss) . d Net rental income or (loss) (i) Securities (II) Other 7a. Gross amount from sales of assets other than inventory 3,339,919 b Less: cost or other basis and sales expenses 3,337,163 2,756 c Gain or (loss) . . . 2,756 d Net gain or (loss) . 2,756 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . **b** Less direct expenses c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less

> 6,405 6,22d

Business Code

185

336,553

245,615

185

11a

returns and allowances

d All other revenue . . e Total. Add lines 11a-11d

b Less: cost of goods sold c Net income or (loss) from sales of inventory . . .

Miscellaneous Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 74,810 74,810 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic ındivıduals. See Part IV, line 22 . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members . . Compensation of current officers, directors, 5 106,621 5,000 101,621 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 35,545 7 Other salaries and wages . . 35,545 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 8,420 8,420 Payroll taxes 10 11 Fees for services (non-employees) а Legal . . b 2,810 2,810 Accounting d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 12 Advertising and promotion 59,557 24,569 34,988 13 Office expenses 14 Information technology 15 27,836 27,836 16 Occupancy . . . 2,607 2,607 17 Travel . . . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 93,904 93,904 19 Conferences, conventions, and meetings 20 Interest . . . Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,459 953 506 23 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 O) 10,411 10,411 COMMITTEE & OFFICER EXPENSE 6,525 6,525 YOUTH ACTIVITY 63,982 INVEST FEE & TAX 63,982 C d All other expenses 494,487 205,761 288,726 Total functional expenses. Add lines 1 through 24e 0 25 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 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 495,337 2 426,570 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L . . Loans and other receivables from other disqualified persons (as defined under section 6 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 6 organizations (see instructions) Complete Part II of Schedule L 7 7 8 9 Q Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D . . 10c h 11 6,795,927 11 6,708,474 12 Investments - other securities. See Part IV. line 11 12 13 13 Investments - program-related. See Part IV, line 11 . . . 14 14 15 15 7,135,044 7,291,264 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L . . 23 23 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 25 1,714 0 26 1,714 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 7,291,264 32 7,133,330 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 7,291,264 33 7,133,330 7,291,264 34 7,135,044

Form		<u>35-106883</u>	10	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		336,5	553
2	Total expenses (must equal Part IX, column (A), line 25)	2		494,4	487
3	Revenue less expenses. Subtract line 2 from line 1	3	(157,9	934)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,	291,2	264
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			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	7,	133,3	330
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🗍 Other			"	
	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				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
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				
c	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i	
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	(015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2015

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	Name of the organization									
INDIANA ACADEMY OF SCIENCE 35-1068830 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
Pa	rt I	Reason for Public Charit	y Status (All c	rganizations must	complete	this par	t.) See instructio	ns		
The	orga	nization is not a private foundation bec	•			-				
1	Ц	A church, convention of churches, or								
2	Ц	A school described in section 170(b)								
3	닏	A hospital or a cooperative hospital s								
4	Ш	A medical research organization oper	rated in conjunction	n with a hospital describe	ed in section	n 170(b)(1	I)(A)(iii). Enter the			
		hospital's name, city, and state	····		_			<u> </u>		
5	Ш	An organization operated for the bene		iniversity owned or opera	ated by a g	overnment	al unit described in			
	_	section 170(b)(1)(A)(iv). (Complete I								
6		A federal, state, or local government	•							
7										
	described in section 170(b)(1)(A)(vi). (Complete Part II)									
8	님	A community trust described in section								
9	Ш	An organization that normally receive					•	s		
		receipts from activities related to its e	*	•	•	•				
		support from gross investment incom		·		•	rom businesses			
4.0	$\overline{}$	acquired by the organization after Jur				•				
10	\vdash	An organization organized and operation								
11	ш	An organization organized and operate								
		one or more publicly supported organ						Спеск		
	а	the box in lines 11a through 11d that of Type I . A supporting organization					_			
	•	the supported organization(s) the				_		_		
		organization. You must complet		• •	ity of the th	rectors or	indistees of the suppor	ung		
	b	Type II. A supporting organization			h its sunno	rted organ	ization(s) by having			
	-	control or management of the sup				_		4		
		organization(s) You must comp		· ·		00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	manage the supporter	_		
	С	Type III functionally integrated.			nection with	n, and fund	tionally integrated wit	h.		
		its supported organization(s) (see								
	d	Type III non-functionally integra	•					n(s)		
		that is not functionally integrated.	• • • •	•				` '		
		requirement (see instructions) You								
	е	Check this box if the organization					Type II, Type III			
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anızatıon.					
	f	Enter the number of supported organi	zations							
	g	Provide the following information about	it the supported or	ganization(s).						
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-9 above (see instructions))	listed in you docum	ur governing	support (see	other support (s instructions)		
				20070 (300 1134 2010113))		·	mandcuons,	msudcuons)		
					Yes	No				
(A)										
					ļ					
(B)										
				. <u>-</u> .						
(C)										
	_				<u> </u>					
(D)										
<u> </u>					 				·	
(E)										
					1					
Total										

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	58,670	64,030	132,653	70,379	67,407	393,139
2	Tax revenues levied for the organization'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	20,000	20,000	20,000	38,768	29,936	128,704
4	Total. Add lines 1 through 3	78,670	84,030	152,653	109,147	97,343	521,843
5	The portion of total contributions by						
	each person (other than a			1			
	governmental unit or publicly			1		1	
	supported organization) included on			1			
	line 1 that exceeds 2% of the amount		l	1			
	shown on line 11, column (f)						63,984
6	Public support. Subtract line 5 from line 4			1			457,859
	tion B. Total Support					т	
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4	78,670	84,030	152,653	109,147	97,343	521,843
0	payments received on securities loans, rents, royalties and income from similar sources	327,892	243,075	236,290	246,047	225,642	1,278,946
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						1,800,789
12	Gross receipts from related activities, etc. (s	see instructions) .				12	501,843
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>		, or fifth tax year as	s a section 501(c)(3)	▶□
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2015 (line 6, c	• • •		•	1	···	25.43 %
15 10-	Public support percentage from 2014 Sched						24.00 %
16a	33 1/3% support test - 2015. If the organization and star have The assessment an application and star have the contraction and				·		. 🗂
_	box and stop here. The organization qualified 33 1/3% support test - 2014. If the organization are support test - 2014.		=			• • • • • • • • •	· · • 📙
D	check this box and stop here. The organiza						. □
17a	10%-facts-and-circumstances test - 2015.						· · · · • · · ·
114	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact				•		
	organization		•	•			▶ 🔯
ь	10%-facts-and-circumstances test - 2014.						63
_	15 is 10% or more, and if the organization m	-				-	
	Explain in Part VI how the organization mee					ly	
	supported organization				•	•	▶ □
18	Private foundation. If the organization did r						
	instructions					<u> </u>	<u></u> . ▶ _ □

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

(Complete only if you checked the box on line 9 of Part I 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.)

Se	ction A. Public Support				•		
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					ļ	
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		1				
Se	ction B. Total Support		1	<u> </u>	1		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, cd			• •			%
16 Sec	Public support percentage from 2014 Scheduction D. Computation of Investme				· · · · · · · · · · · · · · · · · · ·	16	%
17	Investment income percentage for 2015 (line			olumn (f))		17	%
18	Investment income percentage from 2014 Sc	, .	-			18	
19a	33 1/3% support tests - 2015. If the organization is not more than 33 1/3%, check this box a						~
b	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this beautiful to the control of the cont	oox and stop here	e. The organization	qualifies as a publi	cly supported orga	anization	▶ □
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19t	o, check this box ar	nd see instructions		<u></u> ▶ 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organiz	zations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

[Yes	No
1		
2		
3a		
- Ou		
3b		
3.		
36		
4a		
1 7		
4b		_
	•	
4c		
5a		
5b 5c		
	-	
6		_
7		
8		
9a	•	
	- "	,
9b		
9с		
	-	
10a		
10b A (Form 990	Or 990	-EZ) 2015

			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			

Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

	the state of the s	your tood monar
a [The organization satisfied the Activities Test. Complete line 2 below.	•

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a		
2b	Ì	
3a		
3b		

Yes No

	onally Integrated 509(a)(3) Supporting Organical			
1	ion satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970. See	instructions. All
other Type III non-functions	ally integrated supporting organizations must com	plete	Sections A through E.	
Castian A. Adiusted Not Income	·		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income			(A) Filor real	(optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distrib	outions	2		
3 Other gross income (see instru	uctions)	3		<u></u>
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses	paid or incurred for production or			
collection of gross income or for m	nanagement, conservation, or			
maintenance of property held for p	production of income (see instructions)	6		
7 Other expenses (see instruction		7		
8 Adjusted Net Income (subtra-	ct lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amou	int		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of	all non-exempt-use assets (see			
instructions for short tax year or a	ssets held for part of year):			
a Average monthly value of secu		1a		
b Average monthly cash balance	es	1b		
c Fair market value of other non-		1c		
d Total (add lines 1a, 1b, and 1c	:)	1d		
e Discount claimed for blockage	· · · · · · · · · · · · · · · · · · ·			
factors (explain in detail in Part V	I):			
2 Acquisition indebtedness applie	cable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt	use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
	ssets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distrib	utions	7		
8 Minimum Asset Amount (add		8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior y	ear (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for price	or year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior ye		5		
	act line 5 from line 4, unless subject to			
emergency temporary reduction (s	•	6		
7 Check here if the current ye	ear is the organization's first as a non-functionally	-integ	rated Type III supporting	ng organization (see
instructions).				

	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	-		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is respon	nsive	
_	(provide details in Part VI). See instructions.			İ
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount		· · · · ·	· · · · · · · · · · · · · · · · · · ·
	This cannot are a second and a second are a		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		•	
_ a				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section		······································	
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		,	
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
	Excess distributions carryover to 2016. Add lines 3			
	and 4c.			
	Breakdown of line 7:			m man man
a		†	•••••	
b	 	- 	· · · · · · · · · · · · · · · · · · ·	прини прини
	Excess from 2013	<u> </u>		
	Excess from 2014	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2015	+	***************************************	

Schedule A (For	m 990 or 990-EZ) 2	2015	INDIA	NA ACADEM	Y OF SC	IENCE		•	35-1068830	Page 8
Part VI	Suppleme	ental In	formation	. Provide t	he expla	nations require	ed by Part	II, line 10; F	art II, line 17a or	17b; Part
	III, line 12	; Part IV	, Section	A, lines 1,	2, 3b, 3c	, 4b, 4c, 5a, 6	i, 9a, 9b, 9d	, 11a, 11b,	and 11c; Part IV,	Section
	B, lines 1	and 2; F	Part IV, Se	ection C, lin	e 1; Part	IV, Section D), lines 2 an	d 3; Part IV	, Section E, lines	1c, 2a, 2b,
	3à and 3b	; Part V,	, line 1; Pa	art V, Section	on B, line	e 1e; Part V, S	Section D, II	nes 5, 6, ar	nd 8; and Part V,	Section E,
	lines 2, 5,	and 6. A	Also comp	lete this pa	rt for any	y additional inf	formation. (See instruc	tions.)	
		_	_			_		_ .		
01. 109	Facts	and	Circum	stances	Test	(Part I	I, line	17a or	17b)	
SEE FOLLO	OWING "FA	CTS AND	CIRCUM	STANCES"						
										
							 			
		-								
										,
						<u> </u>				
				<u> </u>						
				•						
						· · · ·				
										
						-				
							 .			
					-					
										
	-							•		
				-						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III.			
Nam	ne of organization			Employe	er identification number
	NDIANA ACADEMY OF SCIENCE		_	35-10	
Pa	rt I-A Complete if the organ	nization is exempt under sect	on 501(c) or i	s a section 527 or	ganization.
1	Provide a description of the organization				
2	Political expenditures			▶ \$_	
3	Volunteer hours			<u> </u>	<u> </u>
	41.0		564()(6)		
ra 1	rt I-B Complete if the organ	nization is exempt under section	on 501(c)(3).		
2	Enter the amount of any excise tax incurrent the amount o	red by the organization under section 49	00	· · · · · · • \$_	
3	If the organization incurred a section 495	5 tax did it file Form 4720 for this year?	uon 4955		
4a	Was a correction made?				= = :
b	If "Yes." describe in Part IV.			• • • • • • • • • • • • • • • • • • • •	∐ Yes ☐ No
		nization is exempt under secti	on 501(c) ex	cent section 501(c)	1/3)
1	Enter the amount directly expended by the			sopt occitor ou i(c)	(0).
	activities		•	▶ \$	
2	Enter the amount of the filing organization			· · · · · · · · • • • • • • • • • • • •	·
	527 exempt function activities	_		▶ \$	
3	Total exempt function expenditures. Add			• • • • • • •	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employe				
	organization made payments. For each o				
	the amount of political contributions recen				
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, p	provide information in Part	t IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0	contributions received and
				funds if none, enter -0	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
				<u> </u>	
(3)					
					
(4)					
(5)					
					
(6)					

Sche	dule C (Form 990 or 990-EZ) 2015 INDIANA ACADI				35-1068	
P	irt II-A Complete if the organizatio	n is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).		·			
Α	Check ▶ ☐ If the filing organization belongs to	an affiliated group	(and list in Part IV ea	ch affiliated group m	ember's	
	 name, address, EIN, expenses, ar 	nd share of excess	lobbying expenditure	s).		
В	Check ▶ ☐ if the filing organization checked be	ox A and "limited co	ontrol" provisions app	ly		
	Limits on Lobb	ying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public op	onion (grass roots l	obbying)			
b	Total lobbying expenditures to influence a legisla	tive body (direct lob	obying)			
С	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount. Enter the amount f					
	columns.	_				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.		<u> </u>	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500.000.	[]	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000	1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter 25% of line					
h	Subtract line 1g from line 1a. If zero or less, enter					
i	Subtract line 1f from line 1c. If zero or less, enter					
i	If there is an amount other than zero on either line				L .	
•	reporting section 4911 tax for this year? .					☐ Yes ☐ No
	Topolaring occupies to the mining and year.					<u></u>
			ing Period Under			
	(Some organizations that made a s					ins below.
	See	the separate in	nstructions for li	nes 2a through 2	f.)	
	Lobby	ing Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)	(-,	(-,	(5) = 5 · ·	(-,	(-)
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Sched	ule C (Form 990 or 990-EZ) 2015 INDIANA ACADEMY OF SCIENCE		1068		F	age 3
Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).					
or=	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
	cription of the lobbying activity.	Yes	No	An	noun	t
1	Dunng the year, did the filing organization attempt to influence foreign, national, state or local			······································		
•	legislation, including any attempt to influence public opinion on a legislative matter or	}				
	referendum, through the use of:	ŀ				
а	Volunteers?		х			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		•	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Х			
j	Total. Add lines 1c through 1ı					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	İ	х	1, 1		
Ь	If "Yes," enter the amount of any tax incurred under section 4912	-				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u></u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (OR (b) Parl	: III-A,	line	3, is
	answered "Yes."		·			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).		_			
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-C, line 5, Part II-A (affiliated group list); Part II-A, line 1; Part	nes 1 a	and			
2 (s∈	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
			_			

SCHEDULE D (Form 99b)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	of the organization	35-1068830
_	DIANA ACADEMY OF SCIENCE	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	4) E 1
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	П. П.
	conferming impermissible private benefit?	Yes <u>No</u>
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, 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)	
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year •	
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, handling of violations, and enforcement of the conservation easements it holds?	
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
6	Start and volunteer nours devoted to monitoring, inspecting, handling of violations, and emoraring conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	ements during the year
•	>\$	one caming and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	□ v □ v ₋
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	i balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on 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 assets for financial gain,	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а		> \$
b	Assets included in Form 990, Part X	▶ \$

	tule D (Form 990) 2015 INDIANA ACADEMY					, 35-1068		Page 2
Pa	rt III ' Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Oth	ner Similar Ass	ets (co	ntinued)
3	Using the organization's acquisition, accession, a	and other records, c	heck any of the fol	lowing that are	a signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	n or exchange pro	grams				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain ho	w they further the	organization's	exempt p	urpose in Part		
	XIII.	,	•	J	, ,	•		
5	During the year, did the organization solicit or rec	eive donations of a	t, historical treasui	res, or other sir	milar			
_	assets to be sold to raise funds rather than to be						. 🗆 Y	es No
Pa	rt IV Escrow and Custodial Arrang							
	Complete if the organization ans		n Form 990, Pa	art IV, line 9	or rep	orted an amou	nt on Fo	orm
	990, Part X, line 21.		·	•				
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions o	r other assets	not			
							□ Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and						_	_
	3		3			Amo	ount	
С	Beginning balance			_	10	_		
d	Additions during the year							
-	Distributions during the year				-			
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form							es No
	If "Yes," explain the arrangement in Part XIII. Che				-			
	rt V Endowment Funds.				.,			<u>··· □</u>
<u> </u>	Complete if the organization and	swered "Yes" or	n Form 990. Pa	art IV. line 1	0.			
	Complete ii ale eliganization and	(a) Current year	(b) Pnor year	(c) Two year		(d) Three years back	(a) Four	years back
1a	Beginning of year balance	(a) Cantill your	(b) Theryou	(6) 1 110 year	3 DOOR	(a) Thice years back	(6) 1001	years back
h	Contributions						 	
c	Net investment earnings, gains, and					· · · · · · · · · · · · · · · · · · ·	+	
·	losses			į				
d	Grants or scholarships		<u> </u>				 	
	Other expenditures for facilities and			+		 	 	
е	programs							
f	Administrative expenses		<u> </u>					
-	End of year balance							
g 2	Provide the estimated percentage of the current y	ear and balance /lir	ne 1a, column (a))	peld ac.			<u> </u>	
	Board designated or quasi-endowment	%	ie ig, column (a))	neiu as.				
a b	Permanent endowment > %							
	Temporarily restricted endowment	%						
С	The percentages in lines 2a, 2b, and 2c should ea							
2.	Are there endowment funds not in the possession		that are hold and	administered fo	e tha			
3a	•	i oi tile organization	ulat ale field allu	auministered ic	או עופ		ſ	Yes No
	organization by:						2-(3)	Yes No
				•			3a(i)	
	(ii) related organizations						3a(ii)	
ь	If "Yes" on 3a(ii), are the related organizations list				• • •		3b	
4	Describe in Part XIII the intended uses of the organization	-	ent tunas.	<u> </u>				
Fal	TEVI Land, Buildings, and Equipme		. Earm 000 D	ort IV line 1	10 80	. Form 000 Da	-+ V 1:	- 10
	Complete if the organization ans	<u> </u>	1-:-					
	Description of property	(a) Cost or othe	1 ' '	of or other basis	1 ''	Accumulated	(d) Book	value
		(investme	m <i>y</i>	(other)	- de	epreciation		
1a	Land	•			ļ			
þ	Buildings	• •			ļ			
С	Leasehold improvements	• •						
ď	Equipment				ļ			
e	Other				<u> </u>			
Total	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X,	column (B), line 10)c.)	<u></u>	<u>.</u> •		

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

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2015

OMB No 1545-0047

Open to Public Inspection

State Carteria of Part Carteria of Carteria and Assistance 1	Name of the organization						Employer identification number	number
to grants or assistance, the grantees' eligbility for the grants or assistance, and eof grant funds in the United States. attions and Domestic Governments. Complete if the organization answered "Yes" on Formore than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of cash of grant (a) Amount of cash grants (b) Amount of cash grants (cook, FMx, glypraseal organization of grant (cook, FMx, glypraseal organization). (b) RC section (d) Amount of cash grant (cook, FMx, glypraseal organization) (d) Description of grant (cook, FMx, glypraseal organization). (a) Amount of cash assistance (cook, FMx, glypraseal organization) (d) Description of grant (cook, FMx, glypraseal organization). (b) Amount of cash assistance (cook, FMx, glypraseal organization). (c) Amount of cash assistance (cook, FMx, glypraseal organization). (d) Amount of cash assistance (cook, FMx, glypraseal organization). (e) Amount of cash assistance (cook, FMx, glypraseal organization). (d) Amount of cash assistance (cook, FMx, glypraseal organization). (e) Amount of cash assistance (cook, FMx, glypraseal organization). (e) Amount of cash assistance (cook, FMx, glypraseal organization). (f) Amount of cash assistance (cook) and cash assistance (coo	Part General Information on	Grants and Assi	stance				35-1068830	
ations and Domestic Governments. Complete if the organization answered "Yes" on Formore than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) Amount of cash assistance (book, FMM, apriates), Inon-cash assistance of applicable (p) applicable (p) Amount of tash (e) IRC section (f) Amount of cash assistance (book, FMM, appriates), Inon-cash assistance (book, GMM) (f) Amount of tash (f) Amount o	1 Does the organization maintain records to	to substantiate the amor	unt of the grants or assist	tance, the grantees' e	igibility for the grants or	assistance, and		
or grant funds in the United States. The state of grant funds in the United States. The state of grant funds and Domestic Governments. Complete if the organization answered "Yes" on Form ore than 85 000. Pearl and be unplicated if additional space is needed. (e) IRC section (d) Amount of cash (sasstance grant) (b) Amount of non-cash assistance if applicable grant cash assistance grant if applicable grant cash assistance grant if applicable grant grant cash assistance grant if applicable grant gra	the selection criteria used to award the gi	grants or assistance?		:		•	:	
ations and Domestic Governments. Complete if the organization answered "Yes" on Form Technology of the 185,000. Part II can be duplicated if additional space is needed. (e) Mc section (d) Amount of cash (e) Amount of row (ii) Amount of valuation (iii) Description of if applicable (iii) Amount of cash assistance (book, FMV, appraisa), non-cash assistance (d) Amount of cash assistance (d) Amoun	2 Describe in Part IV the organization's pro	ocedures for monitoring	the use of grant funds in	the United States.				
(g) Method of valuation of grant grant or each assistance (host). FMV, appared in non-cash assistance or other) (g) Method of valuation or cash assistance or other	_	nce to Domestic O	rganizations and Do ved more than \$5.000	omestic Governme 0. Part II can be du	ents. Complete if the plicated if additional	organization answere	ed "Yes" on Form	
sted in the line 1 table	(a) Nam	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
sted in the line 1 table	(1)					Out of		
Isted in the line 1 table	(2)							
Isted in the line 1 table	(3)							
Isted in the line 1 table	(4)							
isted in the line 1 table	(5)							
isted in the line 1 table	(9)							
Isted in the line 1 table	(2)						į	,
isted in the line 1 table	(8)							
Isted in the line 1 table	(6)							
Isted in the line 1 table	(10)							
		Ind government organiz	ations listed in the line 11				▲	
	3 Enter total number of other organizations	s listed in the line 1 table						

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant ENTIRE PROCESS REVIWED AND MONITORED BY GOVERNING BODY. 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) (2015)

EEA

Page 2

35-1068830

INDIANA ACADEMY OF SCIENCE

Schedule I (Form 990) (2015)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047 2015

Open to Public

Inspection

Internal Revenue Service Name of the organization

Employer identification number INDIANA ACADEMY OF SCIENCE 35-1068830 01. Members or stockholder classes and rights (Part VI, line 6) ONLY ONE CLASS OF MEMBERS ALL MEMBERS HAVE SAME RIGHTS AND ACCESS 02. Member election for additional members (Part VI, line 7a) ALL OF THE MEMBERS OF THE ACADEMY VOTE FOR THE MEMBERS OF THE GOVERNING BODY 03. Governing body decisions (Part VI, line 7b) ALL OF THE MEMBERS OF THE ACADEMY VOTE TO AMEND THE BYLAWS RECOMMENDED BY THE GOVERNING BODY. 04. Form 990 governing body review (Part VI, line 11) NO PROCESS USED 05. Officer, director, etc mailing address (Part VI, line 9) SEE ATTACHED LIST OF OFFICERS, DIRECTORS AND TRUSTEES 06. Conflict of interest policy compliance (Part VI, line 12c) EXECUTIVE DIRECTOR REVIEWS CONFLICT OF INTEREST FORMS ANNUALLY 07. CEO, executive director, top management comp (Part VI, line 15a) EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY BUDGET COMMITTEE COMPRISED OF MEMBERS OF THE COUNCIL AND VARIOUS COMMITTEE CHAIRS. THE EXECUTIVE DIRECTOR HAS NO VOTE IN BUDGET COMMITTEE PROCEEDINGS

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
INDIANA ACADEMY OF SCIENCE	35-1068830
•	
08. Other officer or key employee compensation (Part VI, line 15b	
GOVERNING BODY REVIEWS COMPENSATION ANNUALLY BASED ON EXPERIENCE.	
09. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS ARE AVAILABLE FROM EXECUTIVE DIRECTOR UPON REQUEST.	