			29493362	0 0 8 1 5 9
Fo	om 990 i	Return of Organization Exempt F		OMB No 1545-0047
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu Do not enter social security numbers on this form a		Open to Public
	partment of the Treasury email Revenue Service	Go to www.irs.gov/Form990 for instructions and t		Inspection
A		dar year, or tax year beginning	, 2018, and ending	, 20
В	Check if applicable	C Name of organization INDIANA ACADEMY OF SCIENCE		Employer identification no
	Address change	Doing business as	35	5-1068830
	Name change	Number and street (or PO box if mail is not delivered to street address)		Telephone number
빌	Initial return	C/O STATE LIBRARY 140 N SENATE AVE		765) 437-8994
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts
).		Later Court		· · · · · · · · · · · · · · · · · · ·
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	n 990 (2018), INDIANA ACADEMY OF SCIENCE	۲,	35-1068830	Page 2
Pa	rt III: Statement of Program Service Accomplishments			
	. Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · 🕕
1	Bnefly describe the organization's mission			
	THE ACADEMY PROMOTES SCIENTIFIC RESEARCH AND THE DIFFUSION OF SCIENTIFI	C IN	FORMATION,	
	ENCOURAGES COMMUNICATION AND COOPERATION AMONG SCIENTISTS AND IMPROVEME	NT I	N EDUCATION	IN THE
	SCIENCES.			

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complete Schedule A	Pa	art IV Checklist of Required Schedules	330/		
complete Schedule A				Yes	No
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 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? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 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? <i>If</i> "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 8 X	1			,,	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	·	<u> </u>		
candidates for public office? If "Yes," complete Schedule C, Part I				 ^ -	
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	J		2		
election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		3	+	 ^-
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **Complete Schedule D, Part III** **X **X **X	*		A		V
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		4	-	
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	J		_	1	_v
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		۳	 	_^
"Yes," complete Schedule D, Part I	-				
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			6		У
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>		^
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		7		v
complete Schedule D, Part III	8	·	 	 -	
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35-1068830 Page 4 Form 990 (2018) INDIANA ACADEMY OF SCIENCE Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 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 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 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 complete Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Χ Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 Χ 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	25	، دو	. ,,,,
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	1.7.		,, ·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	,	a ween See	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3	130	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		遊	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	91,504 770
	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 over,	١. ١		١,,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	State	X
b	If "Yes," enter the name of the foreign country			157
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1446E	4.5	70
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ا		
	gifts were not tax deductible?	6b	79.7%	271 2.74
7	Organizations that may receive deductible contributions under section 170(c).	32		, Dj
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	連門	14.7	
	and services provided to the payor?	7a		
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	2-484	minimum vii
d	If "Yes," indicate the number of Forms 8282 filed during the year		PERMIT.	SISS.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-		i sur and
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1215	H. (Eliste	#_A&
	sponsoring organizations maintaining donor advised funds	3-7-4		£ 139 F1
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	13. L	15.3353
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter		1200	3.2
٠ -	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	[26]	30	民民
1	Section 501(c)(12) organizations. Enter	新教		難思
а	Gross income from members or shareholders			-510
ь	Gross income from other sources (Do not net amounts due or paid to other sources		1	
-	against amounts due or received from them)	NAME:	器	1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	.¥.24.1	() () () () () () () ()
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3.2
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	4	7	红矿
b	Enter the amount of reserves the organization is required to maintain by the states in which	13.4		5
	the organization is licensed to issue qualified health plans		整整	
С	Enter the amount of reserves on hand			1
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			İ
	excess parachute payment(s) during the year	15	L	Х
	If "Yes," see instructions and file Form 4720, Schedule N			12.00
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	1	発売	7.37

Form 9 9 0 (201	(8). INDIANA ACADEMY OF SCIENCE	•	35-1068830	Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to	lines 2 through 7b	below, and for a "No"	
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in Schedule O	See instructions	_
•	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u>.</u>	<u>.</u> <u>X</u>
Section A.	Governing Body and Management			
		•		Yes No
1a_ Enter the	e number of voting members of the governing hody at the end of the tay year		1a o -	1-1.

						_		
	Check if Schedule O contains a response				· · · · · · · · · · · · · · · · · · ·	<u></u>		
Section A.	Officers, Directors, Trustees, Key Emple							
1a Complete organization's	this table for all persons required to be listed tax year	Report compo	ensation for the calendar year	ending with or wit	hin the			
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								
	of the organization's current key employees,							
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								
	of the organization's former officers, key empeportable compensation from the organization			s who received m	ore than			
	of the organization's former directors or trus more than \$10,000 of reportable compensation				ee of the			
	n the following order individual trustees or dii employees, and former such persons	ectors, institut	nonal trustees, officers, key en	nployees, highest				
_	s box if neither the organization nor any relati	ed organizatioi	n compensated any current of	ficer, director, or tr	ustee			
			(c)	,				
			Position					
	(A)	(B)	(do not check more than one	(D)	(E)	(F)		
	Name and Title	Average	box, unless person is both an	Reportable	Reportable	Estimated		
		hours per week (list any	officer and a director/trustee)	compensation from	compensation from related	amount of other		
		hours for		the	organizations	compensation		
	•	related		organization	(W-2/1099-MISC)	from the		
	,							
~	,							
-	,							
				-				
				·				
				-				
	,			-				
				-				
			_					

Par	990 (2018), INDIANA ACADEMY OF UNITED SECTION A. Officers, Directors, Trustees, I			d Hi	iahe	st C	omne	nsat	ed Employees (co	35-10688 ontinued)	330	Page 8
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Geodott A. Omocio, pirectoro, trastees, t	Lupioya			(0							
•	(A) Name and title	(B) Average	box, u	ınless	s pers	ore th	an one both an trustee)		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimate amount o	
	-	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensate from the organizate and relate organizate	e on ed
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>									-			
<u>(19)</u>												
(20)												
(21)												
(22)_												
(23)_												
(24)												
(25)												
1b	Sub-total							•				
С	Total from continuation sheets to Part VII, Section				• •	• •		•	06.644		ļ	
d	Total (add lines 1b and 1c)							ore	86,644	0	<u> </u>	0
-	reportable compensation from the organization	to those liste	u ubov	٠, ٠.	•1101	000	100 III	.0.0		0		
											Yes	No
3	Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J								ensated		3	X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$\text{individual} \cdot	3150,000? <i>If</i> "	Yes," (com	plete	Sch					4	X
5	Did any person listed on line 1a receive or accrue co	mpensation	from a	ny u	nrela	ated	organ	ızatı	on or individual		- San	
	for services rendered to the organization? If "Yes," co	omplete Sche	dule J	for :	such	per	son				5	X
	on B. Independent Contractors					4			46 0400 000) -£		
1	Complete this table for your five highest compensate compensation from the organization. Report compensation is a second compensation of the compensation is a second compensation.											
	year											

 (A)	(B)	(C)
Name and business address	 Description of services	Compensation
 ,		

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

Form 990 (2018) 35-1068830 Page 9 INDIANA ACADEMY OF SCIENCE Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII · (B) (D) Revenue excluded from tax under sections 512-514 Unrelated Total revenue Related or exempt business function revenue Gifts, Grants nilar Amounts b Membership dues . . 1b 34,320 С Fundraising events 1c Related organizations 1d Contributions, (and Other Simi 1e Government grants (contributions) . . 26,000 All other contributions, gifts, grants, and similar amounts not included above 12,660 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 72,980 Business Code Program Service Revenue 2a MEETINGS 423000 26,440 f All other program service revenue Investment income (including dividends, interest, and other similar amounts) 266,867 266,867 Income from investment of tax-exempt bond proceeds (II) Personal b Less rental expenses · · · c Rental income or (loss) · · · d Net rental income or (loss) (i) Secunties 7a Gross amount from sales of assets other than inventory 3,711,338 b Less cost or other basis and sales expenses · · · 3,459,796 c Gain or (loss) d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19

Ť

c Net income or (loss) from gaming activities

b Less direct expenses

Qa Gross_sales_of_inventory_less

Form 990 (2018), INDIANA ACADEMY OF SCIENCE
Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Схренов		
•	and domestic governments See Part IV, line 21		•		
2	Grants and other assistance to domestic				
_	ındıvıduals See Part IV, line 22 , · · · · · · · · ·	60,243	60,243		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 · · · · · ·				
4	Benefits paid to or for members			#6597#WE484	
5	Compensation of current officers, directors,				7.00
	trustees, and key employees	125,894	5,500	120,394	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		}	· }	
7	Other salaries and wages	29,578		29,578	
8	Pension plan accruals and contributions (include				· -
_	section 401(k) and 403(b) employer contributions)			, ,	1
9	Other employee benefits				
0	Payroll taxes	5,630		5,630	
1	Fees for services (non-employees)				
а	Management				
b	Legal····	3,927		3,927	
С	Accounting				
d	Lobbying		,		
е	Professional fundraising services See Part IV, line 17 .	•		TEAL STATE	
f	Investment management fees			,	
g	Other (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O)				
2	Advertising and promotion				
3	Office expenses	39,497	17,228	22,269	•
4	Information technology				
5	Royalties		,		
6	Occupancy · · · · · · · · · · · · · · · · · · ·	33,223		33,223	
7	Travel	66		66	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	84,052	84,052		
0	Interest · · · · · · · · · · · · · · · · · · ·				
1.	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,260	978	282	

35-1068830 Page 11 Form 990 (2018) INDIANA ACADEMY OF SCIENCE **Balance Sheet** Part X · Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 2 2 458,044 236,933 Pledges and grants receivable, net 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use . . . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 10c 6,957,123 11 11 7,274,758 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 ~ 15 3,079 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,415,167 7,514,770 17 17 18 18 19 19 Deferred revenue 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties · · · · · · · 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part'X 25 1,874 26 1,874 26 322 Organizations that follow SFAS 117 (ASC 958), check here

Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

31 32

}33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

X and

7,514,448 7,514,770 Form 990 (2018)

7,514,448

27

28

29

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31

32

33

7,413,293

7,413,293

7,415,167

-orm	1 990 (2018) INDIANA ACADEMY OF SCIENCE '3	5-10688	30	Pa	age 12
	rt 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)			20,7	 157
2	Total expenses (must equal Part IX, column (A), line 25)	1 1	5	19,6	502
3	Revenue less expenses Subtract line 2 from line 1	3		01,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,2	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	7,5	14,4	148
Pa	rt XII Financial Statements and Reporting				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII				
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		4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
0-	Schedule O		. 2a	منشند	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ि अ		A ta
	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?	• • • • •	. 2ь		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		' - '	``	£ .
c	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			4 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	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		7 - 1	7, 7	7 7 7
За	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		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		<u> </u>
ΓΛ			Form	990 (2	2018)

SCHÉDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public

Name of the organization	Employer identification number
INDIANA ACADEMY OF SCIENCE	35-1068830
Part 1 Reason for Public Charity Status (All organizations must complete	
The organization is not a private foundation because it is (For lines 1 through 12, check only one bo	
1 A church, convention of churches, or association of churches described in section 170(b)	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))	
2 1 A pos <u>pital or a connecative hospital service organization described in section 170/h)/13/A</u>	
-	
A District	
	 .
· · · · · · · · · · · · · · · · · · ·	1
1-12	
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<u></u> }	
A CONTRACTOR OF THE PROPERTY O	
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	-

Page 2 INDIANA ACADEMY OF SCIENCE 35-1068830 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part .(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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 70,379 67,407 129,522 392,617 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 20,000 20,000 20,000 20,000 20,000 100,000 Total. Add lines 1 through 3 90,379 87.407 79,214 149,522 86,095 492,617 The portion of total contributions by each person (other than a governmental unit.or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 427,340 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (e) 2018 (c) 2016 (d) 2017 (b) 2015 (f) Total Amounts from line 4 · · · · · · · · 90,379 87,407 79.214 149,522 86,095 492,617 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 246,047 225,642 255,265 249,709 266,867 Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$ 85,030 including grants of \$ PROVIDED WORKSHOPS, SEMINARS AND EVENTS FOR THE PUBLIC AND ACADEMY MEMBERS TO EXCHANGE SCIENTIFIC INFORMATION. ATTENDED BY OVER 7,000.

	If the organization fails to q						Jei Pail II
Se	ction A. Public Support \						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		<u>.</u>				
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 · · · · ·						
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		X				
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support			1	 		
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
			/				 -
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						
С	Add lines 10a and 10b	_/			<u> </u>		
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)			0	\		
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the orga organization, check this box and stop here						
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, cold		•	•		15	%
	Public support percentage from 2017 Schedule				· · · · · · · · · · · · · · · · · · ·	16	%
	ction D. Computation of Investmen			(6)		1 47	
17 18	Investment income percentage for 2018 (line 1) Investment income percentage from 2017 Scho					17	<u>%</u>
							<u>%</u>
	33 1/3% support tests - 2018. If the organization 17 is not more than 33 1/3%, check this box an	d stop here. The	organization qualif	es as a publicly su	pported organizati	on	
	33 1/3% support tests - 2017. If the organization line 18 is not more than 33 1/3%, check this bo	x and stop here.	The organization q	ualifies as a publicly	y supported organ	ization · · · · ·	\
20	Private foundation. If the organization did not	check a box on lin	e 14, 19a, or 19b,	check this box and	see instructions	· · · · · · · · · · · ·	· · · · · / _ 📙

Part IV:

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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
- 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 12a or 12b 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.
- 5a 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?
- 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 (as 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)
- 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)

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		Yes	No
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	3b		整
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A (Fo	rm 990 (or 990-E	Z) 2018

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	stule'A (Form 990, or 990-EZ) 2018 INDIANA ACADEMY OF SCIENCE 35-1068830		Pi	ige (
<u>,</u> Pa	rt IV: Supporting Organizations (continued)		V1	NI -
44		- tu	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	15 m	4. v	0.5
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		73 m	2
	below, the governing body of a supported organization?	11a		
` b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
],	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3.0c 3	老领电 [32 ¹
		是發展	2000	75-:
-	· · · · · · · · · · · · · · · · · · ·			
		-		
4b	(Code) (Expenses \$ 59,576 including grants of \$) (Revenue \$)	
	RESEARCH GRANTS TO CONDUCT SCIENTIFIC RESEARCH BY 20 UNIVERSITY RESEARCHER GROUPS AN	ND 5 I	HIGH	
	SCHOOL TEACHERS AND THEIR STUDENTS			
	TOTAL TANDES AND THE SAME OF T			
		··-·		_
4c	(Code) (Expenses \$22,728 including grants of \$) (Revenue \$)	
	PUBLISH "THE PROCEEDINGS OF THE INDIANA ACADEMY OF SCIENCE" CONTAINING RESEARCH OF S	SCIEN	rist	s
	IN INDIANA AND OTHER STATES. THE PROCEEDINGS ARE DISTRIBUTED TO OVER 770 MEMBERS AND			
<u></u>	LIBRARIES IN THE U.S.			
	/ - -			

Sche	adule:A (Form 990 or 990-EZ) 2018 INDIANA ACADEMY OF SCIENCE	, 35-1068830	Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	20 2000030	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20		•
	<u>instructions. All other Type III non-functionally integrated supporting organizations must co</u>	<u>mplete Sections A throua</u>	<u>h</u> .E
			
			_
			
		·	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 9,772 including grants of \$) (Revenue \$)	
4e	Total program service expenses 177,106		
EEA		Form	990 (2018)

Sche	dule/A (Form 990 or 990-EZ) 2018 INDIANA ACADEMY OF SCIEN			68830 Page 7						
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued)	· · · · · · · · · · · · · · · · · · ·						
Se	ction D - Distributions	-		- Current Year						
1										
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	~							
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose		·							
3										
_4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)									
5										
_	6 Other distributions (describe in Part VI) See instructions									
	<u> </u>									
. 8	Distributions to attentive supported organizations to which the	ie organization is respon	SIVC							
- 9	(provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6	<u></u>	 							
10			-							
	Line o amount divided by Line 3 amount		(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdietributions	Distributable Amount for 2018						
1	Distributable amount for 2018 from Section C, line 6	然是是非常性的								
2	Underdistributions, if any, for years prior to 2018									
	(reasonable cause required - explain in Part VI) See									
	instructions.									
	Excess distributions carryover, if any, to 2018									
	From 2013									
_	From 2014			TO COLUMN TO THE TAX IN THE TAX I						
	From 2015		APPLICATION OF THE PROPERTY OF							
	From 2016									
	From 2017									
	Total of lines 3a through e	SALES AND AND AND A CONTROL		THE RESERVE OF THE STATE OF THE						
	Applied to underdistributions of prior years Applied to 2018 distributable amount	は他のできた。 の他のでは、 の他のできた。 のできた。 のできたた。 のできたた。 のできた。 のできた。 のできた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたた。 のできたたたた。 のできたたたたた。 のできたたたたたたた。 のできたたたたたたたた。 のできたたたたたたたた。 のできたたたたたたたたたたたたたたたたたたたたたたたたたたたたたたたたたたた	TELMINATE AND	THE PROPERTY OF THE PARTY OF TH						
<u>''</u>	Carryover from 2013 not applied (see instructions)	(中華新聞) 新华·克州社(第2007年1月2日)	は、現代の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の							
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>		BENEVEL PROPERTY OF THE PARTY O						
4	Distributions for 2018 from									
-	Section D, line 7. \$									
a	Applied to underdistributions of prior years		2534 317 March 1 20-44 SC (Martin Conference Indian Co.							
	Applied to 2018 distributable amount			The state of the s						
	Remainder Subtract lines 4a and 4b from 4.		建筑建筑建筑建筑	机制度温度的						
5	Remaining underdistributions for years prior to 2018, if	**************************************								
	any Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in Part VI. See instructions.			建产品的工作						
6	Remaining underdistributions for 2018. Subtract lines 3h			-						
,	and 4b from line 1 For result greater than zero, explain in									
	Part VI See instructions	强性心理学是各种		The second of the second second second						
7	Excess distributions carryover to 2019 Add lines 3j									
	and 4c.	Transport of the state of the s								
8_	Breakdown of line 7									
	Excess from 2014	ACTUAL DESCRIPTION OF SHARE	またない はいまた はいかい はいまた はいまた はいまた はいまた はいまた はいまた はいまた はいま							
	Excess from 2015	医加亚特尔温度学生医院等于								
	Excess from 2016 Excess from 2017	以表现的表面是 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		是这种的。 1000年100日 1000年100日 1000年100日 1000日 1						
	. ALESS OCHU 2001 /	The state of the s	CATHOLOGICAL CONTROL OF THE PARTY SELECT AND	THE PROPERTY OF THE PROPERTY AND VICE CO.						

e Excess from 2018

Schedule A (For	n 990 or 990-EZ) 2018 INDIANA ACADEMY OF SCIENCE	<u> '35-1068830</u>	Page 8
Part VI.	Supplemental Information. Provide the explanations required 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, 9a, 9b, 9c, 11a, 11b,	and 11c, Part IV, Sec	ction
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV		
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, a		ction E,
	lines 2, 5, and 6 Also complete this part for any additional information (See instru	ictions)	
01 109	Facts and Circumstances Test (Part II, line 17a or	r 17h)	
01. 10	Facts and Circumstances lest (Fait II, Illie 17a O.	<u> </u>	<u>-</u>
SEE FOLO	VING "FACTS AND CIRCUMSTANCES"		
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EEA

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE Ç

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

e if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs gov/Form990 for instructions and the latest information. Complete if the organization is described below.

Open to Public , Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaig	n 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," on 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 no									
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B [
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 99	90-EZ, Part V, line 35c (Proxy								
Tax) (see separate instructions), then									
Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization	Employer identification number								
·	• •								
INDIANA ACADEMY OF SCIENCE	35-1068830 537 organization								
[Part I-A'] Complete if the organization is exempt under section 501(c) or is a section	· · · · · · · · · · · · · · · · · · ·								
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions	for								
definition of "political campaign activities")									
2 Political campaign activity expenditures (see instructions) · · · · · · · · · · · · · · · · · · ·	» ^{\$}								
3 Volunteer hours for political campaign activities (see instructions)	· · ·								
Part I-B Complete if the organization is exempt under section 501(c)(3).									
1 Enter the amount of any excise tax incurred by the organization under section 4955	\$								
2 Enter the amount of any excise tax incurred by organization managers under section 4955	\$								
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No								
4a Was a correction made?	····`·· Yes No								
b If "Yes," describe in Part IV									
Part I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).								
)/i									
<u> </u>									
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The state of the s									
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	dule C (Form 990 or 990-EZ) 2018 INDIANA ACAI	DEMY OF SCIENC	CE		35-1068	3830 Page 2
Pa	int II-Aa Complete if the organization	on is exempt ur	nder section 50	1(c)(3) and filed	l Form 5768 (ele	ction under
	section 501(h)).					
4	Check 🍃 🔲 if the filing organization belongs to	o an affiliated group (and list in Part IV ea	ch affiliated group me	mber's name,	
	address, EIN, expenses, and sha	re of excess lobbying	g expenditures)			
3	Check if the filing organization checked t	oox A and "limited co	ntrol" provisions appl	у	· · · · · · · · · · · · · · · · · · ·	,
	Limits on Lot	bying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lo	bbying) · · · ·			
þ	Total lobbying expenditures to influence a legisla					
С	Total lobbying expenditures (add lines 1a and 1b					
đ	Other exempt purpose expenditures · · · ·					
е	Total exempt purpose expenditures (add lines 1	and 1d) · · · ·				•
f	Lobbying nontaxable amount Enter the amount	from the following tal	ble in both			
	columns .				,	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	建设设置性的	
ĺ	Not over \$500,000	20% of the am	ount on line 1e			
ĺ	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		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	rer \$1,500,000		
ĺ	Over \$17,000,000	\$1,000,000				\$15.50mm 100mm
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)		. :	,	
h	Subtract line 1g from line 1a If zero or less, ente	er -0- · · · · ·				
į,	Subtract line 1f from line 1c If zero or less, enter	r -0- · · · · · ·				-
j	If there is an amount other than zero on either lin	ne 1h or line 1i, did th	e organization file Fo	orm 4720		
	reporting section 4911 tax for this year?					Yes No
		4-Year Averagii	ng Period Under	section 501(h)		
	(Some organizations that made a s	section 501(h) ele	ection do not hav	e to complete all	of the five colum	ns below.
	Se `	e the separate in	structions for lin	ies 2a through 2f.	.)	
	•					
	Lobb	yıng Expenditures	During 4-Year Avera	agıng Period		
	Colondar year (or fined year	· (a) 2016	(F) 2016	(a) 2017	(4) 2010	(a) Total
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)			l		4.
20	Labburg gantavable amount	•				
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount	The state of the s	PARTIE EN PROPERTY DE LA COMPANSION DE L			
	(150% of line 2a, column (e))	院學學學				
	Tatal labburg auranditura		,			
С	Total lobbying expenditures					
м	Grassroots nontaxable amount					
d	Crassicots floritaxable afflourit					
е	Grassroots ceiling amount	意思特別的	《公司》	国的政治主义		
	(150% of line 2d, column (e))	學學學學學	科学的基础	NAME OF THE PARTY	是一个	
f	Grassroots lobbying expenditures					
•	Grassioots lobbying expenditures			1		

Schedule C (Form 990 or 990-EZ) 2018

EEA

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	election under section 501(n)).	T (a)	ſ	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed comption of the lobbying activity	Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	ι.		,	· .	•
	legislation, including any attempt to influence public opinion on a legislative matter or	,			٠.	,z. ; -
	referendum, through the use of	1.3				٠.
а	Volunteers?		X		٠	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ		•	*
С	Media advertisements?		Χ	L		
d	Mailings to members, legislators, or the public?		Χ			
е	Publications, or published or broadcast statements?		Χ			
f	Grants to other organizations for lobbying purposes?		Χ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
i	Other activities?		Χ			
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·		٠,٠			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ		·	
þ	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	E, 2				
	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		
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 campaign activity expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if sither (c) BOTH Both III A lines 4 and 3 are an exempt IIII at III C				: a	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."	(a) N	ran	III-A, I	ine 3	, IS
1	Dues, assessments and similar amounts from members		4			
2		}	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).		٠			
•	Current year · · · · · · · · · · · · · · · · · · ·	ı	20			
a b	Carryover from last year	}	2a 2b			
c	Total • • • • • • • • • • • • • • • • • • •		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	· · · }	\rightarrow			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3			
•	· · ·		-			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	-				
_		-	4			
Pai	Taxable amount of lobbying and political expenditures (see instructions)	•••	5			
rovi	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 e instructions), and Part II-B, line 1. Also, complete this part for any additional information	es 1 an	đ			

SCHEDULE P (Form 990)

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

2018

Department of the Treasury

Open to Public

nternal Revenue Service Go to www.irs.gov/Form990 for instructions a	
lame of the organization	Employer identification number
NDIANA ACADEMY OF SCIENCE	35-1068830
Part I Organizations Maintaining Donor Advised Funds or Other Sin	
Complete if the organization answered "Yes" on Form 990, Part I	V, line 6
(a) Donor advise	d funds (b) Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year) · ·	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
finds are the argenization's preparty subject to the organization's evolutions local o	
A A 14	
. A	
A 1.	
A 1.	

Sche	dule D'(Form 990) 2018 IND IANA ACADEM	Y OF	SCIENCE						68830		Page 2
Pa	rt III Organizations Maintaining C	Collec	tions of A	rt, Historic	al Tre	easures, c	or Othe	er Similar As	sets (cor	<u>ıtınue</u>	∍d)
3	. Using the organization's acquisition, accession,	and oth	ner records, c	heck any of th	ne follow	ing that are	a signific	ant use of its			
	collection items (check all that apply)										
а	Public exhibition		d 🗌 Loa	n or exchang	e progra	ams					
b	Scholarly research		e 🗌 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions a	nd explain ho	w they furthe	r the org	janization's e	xempt p	urpose in Part			
	XIII		•								
5	During the year, did the organization solicit or re	ceive d	onations of ar	t, historical tr	easures	, or other sim	nılar				
	assets to be sold to raise funds rather than to be								🗆	Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	geme	nts.								
<u> </u>	Complete if the organization a			n Form 99	0, Par	t IV, line 9	, or rep	orted an am	ount on F	orm	
	990, Part X, line 21										
1a	Is the organization an agent, trustee, custodian	or other	rintermediary	for contributi	ons or o	ther assets r	not		,		
	included on Form 990, Part X?								🔲	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII and	d compl	ete the follow	ing table							
	· · ·	•							Amount		
С	Beginning balance						10	;			
d	Additions during the year						10	1			
е	Distributions during the year							,			
f	Ending balance							:			
2a	Did the organization include an amount on Form	990, P	art X, line 21,	for escrow o	r custod	ial account li	ability?			Yes	No
b	If "Yes," explain the arrangement in Part XIII Ch										ī
	rt V Endowment Funds.										
	Complete if the organization ai	nswer	ed "Yes" o	n Form 99	0, Par	t IV, line 1	0.				
		(a) (Current year	(b) Prior)	ear	(c) Two year	s back	(d) Three years ba	ick (e) Fou	ur years	back
1a	Beginning of year balance								1.		
b	Contributions										_
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the current	year er	nd balance (lir	ne 1g, columr	(a)) he	ld as					
а	Board designated or quasi-endowment		%								
b	Permanent endowment %										
С	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b, and 2c should	equal 1	00%								
3a	Are there endowment funds not in the possession	on of the	e organization	that are held	and adi	ministered fo	r the				
	organization by									Yes	No
	(i) unrelated organizations								· · 3a(i)		
	(ii) related organizations								· · 3a(ii)	<u>, </u>	
b	If "Yes" on line 3a(ii), are the related organization	ns listed	l as required o	on Schedule I	₹?			<i></i> .	3b		
4	Describe in Part XIII the intended uses of the org	ganızatı	on's endowme	ent funds							
'Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization ar	nswer	ed "Yes" or	n Form 99	0, Part	t IV, line 1	1a Se	e Form 990,	Part X, lin	<u>e 10.</u>	
	Description of property	1	(a) Cost,or,othe	er basis (b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value	
			(investme	ent)	(0	other)		epreciation	<u> </u>		
1a	Land	\cdots					1 For	Carlos som Saga on			
b	Buildings	\cdots						·			
С	Leasehold improvements	\cdots [·			
d	Equipment	\cdots									
е	Other							````			
Total	I. Add lines 1a through 1e (Column (d) must equa	al Form	990, Part X, o	column (B), lii	ne 10c)						

Page 2

¹35-1068830

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
1) Financial	derivatives			
•	eld equity interests			
3) Other	• •			
(A)				
(B)				
(C)				
(D)			,	
(E)				
(F) .				
(G)				
(H)				· · · · · · · · · · · · · · · · · · ·
) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Relate	ed.		4
			Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)			-	
(4)		• •		
(5)		•		
(6)				
(7)			<u>'</u>	
(8)				
(9)				
otal (Column (b)	must equal Form 990, Part X, col (B) line 13)			化学 经通过的
Part IX	Other Assets.	1		
	Complete if the organization ans	swered "Yes" on Form 990, F	Part IV, line 11d. See Form 990, I	Part X, line 15
	·	(a) Description		(b) Book value
(1)			<u> </u>	
(2)		•		
(3)		·		
(4)				·
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) lii	ne 15)		
Rart X	Other Liabilities. Complete if the organization and line 25.	swered "Yes" on Form 990, F	Part IV, line 11e or 11f See Form	990, Part X,
	(a) Description of liability	(b) Book value	元本文章:"这个事实的,	
				的是一种的特殊的是一个一种的
(1) Federal ı	ncome taxes			的现在分 数。这是一种的

Sched	dule D (Form 990) 2018 INDIANA ACADEMY OF SCIENCE	35-1068830 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	~-
а	Net unrealized gains (losses) on investments 2a	- 17
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	22
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u></u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a],
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	7.7.
а	Donated services and use of facilities	<u> </u>
b	Prior year adjustments	<u></u>
С	Other losses · · · · · · · · · · · · · · · · · ·	T,, '1
d	Other (Describe in Part XIII)	T1,74
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	***
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	(e.70 %)
ь	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Pai	rt XIII Supplemental Information.	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa	art X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	
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	1	
		

Schedule D (Form 990) 2018

EEA

SCHEDULE (Form 990)

Department of the Treasury

Partil

temal Revenue Service	ame of the organization
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INDIANA ACADEMY OF SCIENCE

Grants and Other Assistance to Organizations,

No No Open to Public? OMB No 1545-0047 2018 X Yes Employer sdentification number 35-1068830 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance

	(h) Purpose of grant or assistance								,	
res" on Form 990,	(g) Description of noncash assistance									
ganization answered "" is needed.	(f) Method of valuation (book, FMV, appraisal, other)								,	
s. Complete if the or d if additional space	(e) Amount of non- cash assistance									
estic Government	(d) Amount of cash grant									
anizations and Domore than \$5,000. Part	(c) IRC section (if applicable)									
e to Domestic Orgent that received mo	(b) EIN									
ł	1 (a) Name and address of organization or government	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(6)
	Part'II: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (b) EIN (c) IRC section (d) Amount of cash assistance (f) Method of valuation (g) Description of (h) Method of valuation (d) Description of (d) Descriptio	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (b) EIN (c) RC section (d) Amount of cash assistance (d) Amount of cash assistance (d) Method of valuation (d) Description of grant (d) Description of organization (if applicable) (if applicable)	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (a) Amount of cash assistance or government (i) Method of valuation (ii) Part II can be duplicated if additional space is needed. (ii) Percription of Cash assistance (ii) Method of valuation on cash assistance (ii) Description of cash assistance other) or government (ii) Eliv (iii) Eliv (iii) Eliv (iii) Description of Eliv (iv) Part III can be duplicated if additional space is needed. (iv) Percription of Cash assistance (iv) Percription of Elive (iv) Percription answered "Yes" on Form 990, and 1900, and 1900	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (b) EIN (c) IRC section (d) Amount of cash assistance or government (f) Method of valuation (d) Description of (f) Method of valuation of (f) Method of valuation of (f) Method of valuation or government (h) Method of valuation of (f) Meth	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of cash assistance of grant (b) EIN (c) IRC section (d) Amount of cash assistance of grant (d) Amount of cash assistance of the contract of	Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. All Can be duplicated if additional space is needed. Amount of cash assistance Amount of cash assi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Very Complete if the organization (b) EIN (c) IRC section (d) Amount of cash assistance (d) Amount of orgovernment (d) Amount of organization (d) Amount of organiz	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Richard Amount of cash assistance or government or organization (if applicable) again (if applicable) (if applicabl	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II can be duplicated if additional space is needed. (I applicable) (I applicab

Schedule I (Form 990) (2018)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(10)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018) Page 2 (f) Description of noncash assistance Rart IV. 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" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant ENTIRE PROCESS REVIEWED 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 Schedule I (Form 990) (2018) 1 SEE SCHEDULE တ ø EEA ~ ო

35-1068830

INDIANA ACADEMY OF SCIENCE

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.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

Open to Public ?

Department of the Treasury 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 TH	IE 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	
EXECUTIVE DIRECTOR REVIEWS CONFLICT OF INTEREST FORMS ANNUADDI	
07. CEO, executive director, top management comp (Part VI, line 15a)	
EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY BUDGET COMMITTEE COMPRISE	D OF MEMBERS
OF THE COUNCIL AND VARIOUS COMMITTEE CHAIRS. THE EXECUTIVE DIRECTOR HAS NO V	
COMMITTEE PROCEEDINGS	

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.	
	
	
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Schedule O (Form 990 or 990-EZ) (2018)

EEA