Form	990-T	E	ì ├	OMB No. 1545-0687				
	ment of the Treasury	_	(and proxy tax und	er se	ction 6033(e))			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed	For c	alendar year 2011 or other tax year beginning Name of organization (D Employer identification number (Employees' trust, see instructions.)				
D Ev	empt under section	Print	SOCIETY FOR SCIENCE &	53-0196483				
	501(c)(3)	Of	Number, street, and room or suite no. If a P.O. box	E Unrelated business activity codes				
	408(e) 220(e)	Type	1719 N STREET, NW	(See in	structions.)			
	408A 530(a)		City or town, state, and ZIP code	1				
	529(a)	511120						
			exemption number (See instructions.)	<u> </u>				
	nd of year 153,472.	G Checl	k organization type 🕨 💹 501(c) corporation	n L	501(c) trust	401(a) trust	_	Other trust
		n's prim	ary unrelated business activity. PERIODI	CAL	S			
			poration a subsidiary in an affiliated group or a pare			▶ [Ye	s X No
			tifying number of the parent corporation.					
			GREGORY MITCHELL			one number 🕨 (202	785-2255
Par	t I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a	Gross receipts or sal	es						
	Less returns and allo		c Balance	1c			<u>-1114</u>	
2	Cost of goods sold (Schedule	e A, line 7)	2		Add London		
3	Gross profit. Subtrac	t line 2 f	rom line 1c ch Schedule D) Part II, line 17) (attach Form 4797)	3				
4 a	Capital gain net incor	me (attac	ch Schedule D)	4a		1. 1 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
þ	Net gain (loss) (Form	1 4797, F	Part II, line 17) (attach Form 4797)	40	73 12			
C	Capital loss deductio	n for tru	sts	(4c)	10			
			nips and S corporations (attach statement)	5≪	VQZQA			
	Rent income (Schedi			6	185-50 1701 185-00 185-			
			me (Schedule E)	7		•		
			and rents from controlled organizations (Sch. F)	8	_∢₹			
	(0-1		on 501(c)(7), (9), or (17) organization	١ .				
			70 t 1 l n	9				<u>.</u>
			ome (Schedule I)	10	378,792.	564,2	260	105 160
11	Advertising income (Schedule J) 11 378,792. Other income (See instructions; attach schedule.) 12							-185,468.
		564,2	260	-185,468.				
			igh 12ot Taken Elsewhere (See instructions fo	13 or limit	378,792.		200.	103,4001
<u> </u>			utions, deductions must be directly connecte					
14	Compensation of of	fficers, d	irectors, and trustees (Schedule K)				14	
15							15	
16	Repairs and mainte	nance			•••••		-	
17	Bad debts						17	
18	Interest (attach sch	edule)					18	
19	Taxes and licenses						19	250.
20	Charitable contribut	tions (Se	e instructions for limitation rules.)				20	
21			562)					
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b	
23	Depletion						23	·
24	Contributions to de	ferred co	ompensation plans				24	
25	Employee benefit pr	rograms	•••••				25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Excess readership of	costs (So	chedule J)				27	
28	Other deductions (a	ittach sc	hedule)		SEE STAT	EMENT 1	28	2,000.
29	Total deductions	s. Add lir	nes 14 through 28				29	2,250.
30	Unrelated business	taxable i	income before net operating loss deduction. Subtraction	ct line 2	9 from line 13		30	-187,718.
31	Net operating loss of	eduction	n (limited to the amount on line 30)				31	0.
32	Unrelated business	taxable i	income before specific deduction. Subtract line 31 f	rom line	e 30		32	-187,718.
33	opecing deduction ((ueneral	ly \$1,000, but see instructions for exceptions.)				33	1,000.
34	of zero or line 32		able income. Subtract line 33 from line 32. If line				,	-187,718.
12370 02-24-			Reduction Act Notice, see instructions.	********		***************************************	34	Form 990-T (2011)
UZ-24-	14 LIM IVIE	POITEOIN	Treasure and modue, see moduutinis.					rviiii 330-1 (2011)

50

Par	t III	Tax Computation				
3	5 Or	ganizations Taxable as Corporations. See instructions for t	ax computation.		14.4	
		ontrolled group members (sections 1561 and 1563) check he		ctions and		
		ter your share of the \$50,000, \$25,000, and \$9,925,000 taxe				
	(1)					
		nter organization's share of: (1) Additional 5% tax (not more			14.44	
	o loc) Additional 3% tax (not more than \$100,000))			_
•	U 1110	come tax on the amount on line 34			35c	0.
J	16 Tr	usts Taxable at Trust Rates. See instructions for tax compu	tation. Income tax on the	amount on line 34 from:	1,57	
_		Tax rate schedule or Schedule D (Form 1041) oxy tax. See instructions	***************************************		▶ 36	
3	7 Pr	▶ 37				
3	8 Alt	ternative minimum tax			38	
_	9 10	tal. Add lines 37 and 38 to line 35c or 36, whichever applies			39	0.
	TIV	Tax and Payments				
4	Oa Fo	reign tax credit (corporations attach Form 1118; trusts attacl	Form 1116)	40a		****
		her credits (see instructions)			_	
	c Ge	** *				
	d Cre	edit for prior year minimum tax (attach Form 8801 or 8827)		404		
	e To	ital credits. Add lines 40a through 40d	••••••	100	─ ₄₀。	
4	1 Su	btract line 40e from line 39	***************************************	***************************************	40e	
4:		her taxes. Check if from: Form 4255 Form 8611	Form 9607	Form 9966 Other	41	0.
4:						
		yments: A 2010 overpayment credited to 2011	•••••		43	0.
•	h 20	11 setimated by narmente		44a		
	r Ta	11 estimated tax payments		44b		
	d Co.	x deposited with Form 8868		44c		
	o Po	reign organizations: Tax paid or withheld at source (see instr	uctions)	44d		
	4 DXI	ckup withholding (see instructions)		44e		
	T Gre	edit for small employer health insurance premiums (Attach F	orm 8941)	44f		
	g Ott	her credits and payments: Form 2439				
	L	Form 4136 Other	То	tal 🕨 44g		
4	5 To	tal payments. Add lines 44a through 44g			45	
40	U LSt	timated tax penalty (see instructions). Check if Form 2220 is x due . If line 45 is less than the total of lines 43 and 46, enter	attached 🗩 📖		46	
47	7 Ta	47	0.			
48	8 Ov	48	0.			
49	9 Ent	erpayment. If line 45 is larger than the total of lines 43 and 4 ter the amount of line 48 you want: Credited to 2012 estima	ted tax	Refunded	49	
Par	t V	Statements Regarding Certain Activitie	s and Other Info	rmation (see instructions)	- 1.	
1 A	t any t	ime during the 2011 calendar year, did the organization have	an interest in or a signat	ure or other authority over a financia	Laccount	Yes No
(1	bank, s	securities, or other) in a foreign country? If YES, the organiza	tion may have to file Ford	n TD F 90-22 1 Report of Foreign Ra	nk and	165 110
_ F	inancia	al Accounts, if YES, enter the name of the foreign country he	·a 🕨	_	iiik aiiu	1
2 D	uring th	ne tax year, did the organization receive a distribution from, or was it the see instructions for other forms the organization may have to file.	grantor of, or transferor to, a	toreign trust?		- X
3 E	nter th	e amount of tax-exempt interest received or accrued during	ha tay war 🕨 C			X
Sche	edule	e A - Cost of Goods Sold. Enter method of inv	contemously setion	NT / A		
1 1	ovento	ry at beginning of year 1		N/A	T	
	urchas		6 Inventory at er		6	
		***************************************	_	sold. Subtract line 6] - [
40.0	ddition	100100000000000000000000000000000000000		ter here and in Part I, line 2		
44 A	iuullion	nal section 263A costs 4a		section 263A (with respect to		Yes No
	uner co	osts (attach schedule) 4b	property produ	iced or acquired for resale) apply to		
5 T	otal, A	add lines 1 through 4b 5	the organization	n?	····	X
Sign	- 13	Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than taxpayer) is b	luding accompanying schedules as a companying schedule as a companying schedule.	iles and statements, and to the best of my	knowledge and beli	ef, it is true,
Here		1/- 1	1-1		May the IPS discu	iss this return with
11010		yes hanned 5,	9//z_PRES	SIDENT	the preparer show	
	Щ,	Signature of officer Date	Title		instructions)?	'
	/	Print/Type preparer's name Preparer's	signature	Date Check	if PTIN	
Paid	4			self- employ		
	Darer	SUBRINA L. WOOD	my h. Word	5/8//2 3011 chiploy	• 1	865899
_	Only	I Circula manual N. (D. N. D. D. C. (D. D. S. Z. C. 1977)		855942		
Joe	VIII)		W SUITE 400	Firm's EIN	<u> </u>	.000944
			20036		202 20	3-2200
123711	02-24-1	· · · · · · · · · · · · · · · · · · ·		Phone no.		
					For	m 990-T (2011)

Schedule C - Rent Inco	me (Fr	om Real	Prope	rty and	d Personal	Proper	ty Lease	ed With Real F	rope	erty)(see instructions)	
1. Description of property									_		
(1)	***										
(2)	****	***						· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	
(3)						•••				******	
(4)											
	2	. Rent receive	ed or accrue	ed						· · · · · · · · · · · · · · · · · · ·	
(a) From personal property (if to rent for personal property in 10% but not more that	s more thau	age of	(b) ^f	frent for pe	nd personal prope ersonal property e t is based on profi	xceeds 50%	centage or if	3(a) Deductions dir columns 2	ectly co a) and 2	nnected with the income in (b) (attach schedule)	
(1)										 ,	
(2)											
(3)											
(4) Total											
	O(-\	0.	Total				0.	/h) Total daduation			
(c) Total income. Add totals of columere and on page 1, Part I, line 6, co	mns 2(a)	and 2(b). En	er				^	(b) Total deduction Enter here and on page	1.		
Schedule E - Unrelated	Deht-I	Financed	Incom	0 /222			0.	Part I, line 6, column (B)	>	· 0.	
Ocheddie E - Omelated	Dent-	rinanceu	mcon	e (see i	instructions)			9 5 4			
					2. Gross in			 Deductions directly to debt-fit 	connec nanced	ted with or allocable property	
1. Description of d	lebt-finance	ed property			or allocabi financed	le to debt- property	(a)	Straight line depreciation (attach schedule)	1	(b) Other deductions (attach schedule)	
								(and or contractor)		(oracon seriodale)	
(1)							-		_		
(2)			-,,,,,,				<u> </u>				
(3)				***				"411		7***	
(4)											
debt on or allocable to debt-financed of or property (attach schedule) debt-fin			adjusted ba locable to loced proper schedule)			6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			***			9	,		\dashv		
(2)	<u> </u>				<u> </u>	9		····			
(3)						9/				*****	
(4)			77.		***	9/		*	T	718.	
								ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (8).	
Totals									0.	0.	
Total dividends-received deduction	ns includ	ed in column	8 8							0.	
Schedule F - Interest, A	nnuitie	s, Royali	ies, ar	ıd Ren	ts From C	ontrolle	d Organ	nizations (see i	nstruc	tions)	
		I		Exemp	t Controlled C	rganizatio	ns	,			
1. Name of controlled organization	1	2. Employer ider numb	ntification	Net un	3. related income ee instructions)	Total o	4. of specified ents made	5. Part of column included in the con organization's gross	trolling	connected with income	
(1)								_			
(2)					***	Τ'					
(3)					***	<u> </u>					
(4)											
Nonexempt Controlled Organiza	tions			-							
7. Taxable Income 8. Net unrelated income (los (see instructions)		(loss)	9. Total of specified payments nade 10. Par in the		in the conti	t of column 9 that is included controlling organization's gross income		Deductions directly connected with income in column 10			
(1)							***				
(2)									<u> </u>		
(3)		···		-			****				
(4)					**				├──	*****	
		***	-				Enter here a	lumns 5 and 10. ind on page 1, Part I, 3, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).	
Totals								0.]	_	
123721 02-24-12					***************************************			<u> </u>	<u> </u>	Form 990-T (2011)	

Form 990-1 (2011) SUCIE						53	-019648	3 Page
Schedule G - Investm (see ins	ent Income of a structions)	Section	501(c)(7), (9), or (17) Or	ganization			
1, Des	scription of income		,	2. Amount of income	3. Deductions directly connect (attach schedu	ted ,	4. Set-asides attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						<u> </u>	*****	(out o place out sy
(2)							***	
(3)				****	***		7/1	
(4)		TV						
		***	*****	Enter here and on page 1,	· · · · · · · · · · · · · · · · · · ·			Enter here and on page 1
Totals				Part I, line 9, column (A).				Part I, line 9, column (B).
***************************************	Evenut Asticit		<u>P</u>	0.		Digital di Grata		0.
Schedule I - Exploited (see insti	i Exempt Activity	/ income	, Otne	r Inan Advertisi	ng Income			
(SOO INSE	1							
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly cor with prod of unrel business	nnected uction ated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross incom from activity the is not unrelated business incom	at di	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			*					·
(2)					***			
(3)	 	-						
(4)								
***.	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, f line 10, co	Parti, ol. (B).					Enter here and on page 1, Part II, line 26.
Schedule J - Advertis	· 0.		0.					<u> </u>
Part I Income From	Periodicals Rep	orted on	a Con	solidated Basis				
								
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circufatio income	n 6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								***
(2)				1				
(3)				7				
(4)				1				
Totals (carry to Part II, line (5))		0.	0	•				0.
Part II Income From	Periodicals Report 7 on a line-by-line ba	orted on	a Sepa	arate Basis (For e	ach periodical	listed in P	art II, fill in	
	TOTA IIITE DY IIITE DA	313. <i>)</i>					<u> </u>	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	n 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SCIENCE NEWS	378,792	2. 564	,260	-185,468.				***
(2)								
(3)								
(4)							''-	
(5) Totals from Part I	7).	0			-		0.
	Enter here and or page 1, Part I, line 11, col. (A).	page line 1	ere and on 1, Part I, I, col. (B),					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compen	► 378,792	2. 564	,260					0.
Concadie IX - Compen	Sation of Officer	s, Direct	ors, an	d Trustees (see i		114		
1. Name				2. Title	time	Percent of devoted to usiness		nsation attributable lated business
(1)						- %		
(2)	**			***		%		
(3)								· /n:·
(4)	·			······································		%		
Total. Enter here and on page 1, F	Part II, line 14			·		70		0.

Form **990-T** (2011)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1			
DESCRIPTION		AMOUNT			
TAX PREPARATION FEE		2,0	00.		
TOTAL TO FORM 990-T, PAGE 1, LII	NE 28	2,0	00.		