** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and endin	ng		
B c	heck if pplicable:	C Name of organization		D Employer identific	ation number
	Address _change	SOCIETY FOR SCIENCE & THE PUBLIC			
	Name change	Doing Business As		53-03	L96483
	Initial return		1/suite	E Telephone number	
	Termin- ated	1719 N STREET, NW		(202	785-2255
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	12,589,714.
	Applica-	WASHINGTON, DC 20036		H(a) is this a group re	turn
	pending	F Name and address of principal officer: ELIZABETH M. MARINCOL	ıA	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
1	Γax-exer	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		► WWW.SOCIETYFORSCIENCE.ORG		H(c) Group exemption	
			_ Year c	of formation: 1941 N	State of legal domicile: DE
P	art I	Summary	rAmti	DIDITO IND	OD CONTROL TRIC
Activities & Governance	1 6	Briefly describe the organization's mission or most significant activities: TO PROMOF SCIENCE			
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed o	of more	than 25% of its net as	sets.
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)			14
ص ع	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			14
es		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			64
Σįξ	6 T	otal number of volunteers (estimate if necessary)		6	1200
Act	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	378,792.
	1 d	Net unrelated business taxable income from Form 990-T, line 34	······································	7b	-187,718.
	l		\vdash	Prior Year 9,853,195.	Current Year 5, 459, 688.
ne		Contributions and grants (Part VIII, line 1h)	··	6,083,516.	6,197,820.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	·-	846,785.	715,291.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	308,243.	216,915.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 106, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,091,739.	12,589,714.
_		Grants and similar amounts paid (Part IX, column (A); lines 1-3)	-	2,782,918.	3,055,720.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,269,573.	5,520,078.
Expenses	169 6	Professional fundraising fees (Part IX, column (A), line 11e)	~ -	0.	0.
pe	b 7	Fotal fundraising expenses (Part IX, column (D), line 25) 695,937.	. —		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,061,369.	9,617,555.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,113,860.	18,193,353.
	19	Revenue less expenses. Subtract line 18 from line 12		977,879.	-5,603,639.
Net Assets or	3		Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	1	.05,524,285.	99,153,472.
A	21	Total liabilities (Part X, line 26)		8,832,456.	9,026,437.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	96,691,829.	90,127,035.
P	art II				
		ities of perjury, declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	1.
		Signature of officer			//2
Sig	·	ELIZABETH M. MARINCOLA, PRESIDENT		Dato	
He	re	Type or print name and title			
_		y ···	П	Date / Check	II PTIN
Pai	id	Print/Type preparer's name SUBRINA L. WOOD Preparer's signature SUBRINA L. WOOD	/	5/8/2-1" "	
	eparer	Firm's name TATE & TRYON		Firm's EIN	52-1855942
	e Only	Firm's address 2021 L STREET, NW SUITE 400		Tani Star	
	,	WASHINGTON, DC 20036		Phone no. 2	02-293-2200
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
		, , , , , , , , , , , , , , , , , , , ,			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	·	ľ	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		\ \ \ **	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	مر ا		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	1	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	148		12
a	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	<u> </u>		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,_		_v
4-	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l <u></u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			Ì
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ĭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		 	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			T
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1,7
<u>-</u> -	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Þ	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	33U	(2011)

Form 990 (2011) SOCIETY FOR SCIENCE & THE PUBLIC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	560[- 11:11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				125	,
	filed for the calendar year ending with or within the year covered by this return	2a	64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<i>.</i>		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:				41,7	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		di.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					,.
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	•			v	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		i	7a	X	├
b	• • • • • • • • • • • • • • • • • • • •			7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		uirea	7.		x
_	to file Form 8282?	1		7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7g	N/	_
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			<u>/9</u> 7h	N/	-
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		/_	711	247	
٠	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	any an	io daring are your.	•		
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		'
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					•
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a		1.1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		1 to 1		
12a	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	12b				'
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				- N - 1 - N - 1	
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,	1			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a				14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie O		14b	000	(00:::
				rorm	99U	(2011)

132005 01-23-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						LX
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	l ta	14		1,34	343 L
	If there are material differences in voting rights among members of the governing body, or if the governing					Arter Arter
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
	· · ·	4.	14			
	Enter the number of voting members included in line 1a, above, who are independent	1b	—∸큭			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other		(77
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under t	•				
	of officers, directors, or trustees, or key employees to a management company or other person?		<u>L</u>	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	<u> </u>	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		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 a					
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		·····- -			
				7 L		Х
	persons other than the governing body?		······ }	7b		-43
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-	-		•	100
а	The governing body?			8a	X	
b	· · · · · · · · · · · · · · · · · · ·			8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	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?		Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	-	- 1	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		F	11a	Х	
		dy before filling the it	,,,,,,,	1 Ia		-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	
				12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		·····	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes," describe				
	in Schedule O how this was done			12c	Х	
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 appro	val by independent	[1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				
а	The organization's CEO, Executive Director, or top management official		- 1	15a	Х	
	Other officers or key employees of the organization		·····	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	amant with a	l			
IVa	-		i		1 de 1	Х
	taxable entity during the year?		·····	16a		1
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					1
	exempt status with respect to such arrangements?			16b	L	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ AL , AK , AR , AZ ,	CA,CO,CT,D	C,FL	, GA	,IL	,KS
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) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict of interest no	licv. and	d finar	ncial	
	statements available to the public during the tax year.		-,,			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the o	ragnizat	ion: Þ		
	GREGORY MITCHELL - (202) 785-2255	and records or tile o	. yai iizal	. or i. p	_	
	1719 N STREET, NW, WASHINGTON, DC 20036					
13200	OFF COURDING O DOD THE TITE OF CRIMES			r	000	(0044)
01-23-	2 SEE SCHEDOLE O FOR FULL LIST OF STATES			rorm	220	(2011)

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

Check if Schedule O contains a response to any question 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.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Posi	ition			Reportable	Reportable	Estimated
	hours per	box	Position do not check more than ox, unless person is bo officer and a director/tru			is boti	n an	compensation	compensation	amount of
	week	⊢	ceran	dad	recto	r/trus	tee)	from	from related	other
	(describe	ndividual trustee or director			l			the	organizations	compensation
	hours for	년 등	g _t			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		, m	suadi		(W-2/1099-MISC)		organization and related
	in Schedule	la E	ional		를 종	tcom				organizations
	0)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	огте			Organizations
H. ROBERT HORVITZ		<u>=</u>	=	0	<u> </u>	ΞĐ	-			
CHAIR	3.00	Х		Х				0.	0.	0.
JENNIFER E. YRUEGAS										
VICE CHAIR	3.00	Х		X				0.	0.	0.
MICHELA ENGLISH										
TREASURER JAN-OCT 2011	3.00	X		X				0.	0.	0.
ROBERT W. SHAW, JR.				Г	Γ		Γ			
TREASURER OCT-DEC 2011	3.00	Х		Х				0.	0.	0.
GAYLE WILSON										_
SECRETARY	3.00	X		X				0.	0.	0.
CRAIG R. BARRETT										_
TRUSTEE	1.00	X						0.	0.	0.
TOM LEIGHTON										
TRUSTEE	1.00	X	<u> </u>					0.	0.	0.
ALAN LESHNER										
TRUSTEE	1.00	X	L	L				0.	0.	0.
STEPHANIE PACE MARSHALL										
TRUSTEE	1.00	Х	L		_			0.	0.	0.
S. JAMES GATES, JR.									_	_
TRUSTEE	1.00	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
PATRICK MCGOVERN	1 00	l				ĺ				
TRUSTEE	1.00	X				_	_	0.	0.	0.
JOE PALCA	1 00	,,							_	
TRUSTEE	1.00	X	ļ		<u> </u>	-		0.	0.	0.
ANNE C. PETERSEN TRUSTEE	1.00	x						0.	0.	_
FRANK WILCZEK	1.00	^	┝		⊢	-	_	0.	0.	0.
TRUSTEE	1.00	x						0.	0.	۸ ا
ELIZABETH MARINCOLA	1.00		├	├	┝	-	┝	0.	0.	0.
PRESIDENT	37.50			х				332,179.	0.	43,591.
GREGORY MITCHELL	37.30	┢	 	_			┝	334,119.	0.	43,331.
CHIEF FINANCIAL OFFICER	37.50			х	l			154,396.	0.	38,344.
RICHARD BATES	37.30	H	 		\vdash	\vdash	\vdash	102,000.		30,344.
CHIEF ADVANCEMENT OFFICER	37.50					x		125,468.	0.	33,372.
132007 01-23-12	1 000	_	_		_				, , ,	Form 990 (2011)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
(A)	(B)			(C	> }			(D)	(E)			(F)	
Name and title	Average		not c		more	than 4		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related	1		ount other	of
	(describe	ţġ						the	organizations			pensa	tion
	hours for	r direc			ĺ	paj		organization	(W-2/1099-MIS	C)		om th	
	related	stee o	nstee			ensal		(W-2/1099-MISC)			_	anizat	
	organizations in Schedule	al trus	ag		loyee	g S S						i relat	
	O)	Individual trustee or director	nstituti	Officer	Key employee	Highest compensated employee	ormer				orga	ınizati	ons
JENNIFER CARTER		=	=)	<u>×</u>								
DIRECTOR OF OUTREACH	37.50					Х		113,325.		0.	2	<u>9,0</u>	04.
MICHELE GLIDDEN											_		_
DIRECTOR OF SCIENCE EDUCATION PROGRA	37.50					X		134,370.		0.	2	0,3	73.
HARRY ROTHMANN	l										_		
DIRECTOR OF INTERNAL AFFAIRS	37.50		L.			X		132,096.		0.	3	3,2	70.
THOMAS SIEGFRIED	37.50					x		148,375.		0.	2	g 2	69.
EDITOR IN CHIEF, SCIENCE NEWS	37.30	-	-		┢	^	┢	140,373.		٠.		0,2	03.
						-							
		-	-			-	<u> </u>						
1b Sub-total]	<u> </u>	<u> </u>		<u> </u>	┕	<u> </u>	1,140,209.		0.	22	6,2	23.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								1,140,209.		0.	22	6,2	23.
2 Total number of individuals (including but r								eceived more than \$100	0,000 of reportable				
compensation from the organization												V	9
3 Did the organization list any former officer,	director or tr	reta	م اده	31/ AT	mnle	3 1/00	or	highest compensated a	molovee on			Yes	No
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or						-	rela	ted organization or indiv	idual for services				l
rendered to the organization? If "Yes," con	plete Schedu	le J	for s	uch	per	son					5	L	X
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 	•									pens	sation	rom	
(A)		Cui	- Ciria	9	*****	O, 1,		(B)	<u> </u>)	
Name and business	address							Description of s	services	C	ompe	nsatio	n
ALEXANDRA M. WITZE 4539 LEE HILL DRIVE, BOU	LDED C	^	ያ ሰ	3 N ·	2		1	WRITING AND EDITORIAL			12	n 2	31.
4337 BEE HILL DRIVE, BOO	BDBK, C	<u> </u>	00.	J ()				EDITORIAL			1.0	0,2	71.
					··········	···		******					
2 Total number of independent contractors (\$100,000 of compensation from the organ	-	not I	imite	ed to		se li 1	ste	d above) who received r	nore than				

Pai	t VIII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
sifts, Grants ar Amounts		Federated campaigns Membership dues Fundraising events Related organizations	1c					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) all other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines	ons) 1e s, and /e 1f 5 ,	459,688. 67,579.				
ပြုံ မြေ	h	Total. Add lines 1a-1f		>	5,459,688.	N44 - 14 - 17 - 17		
Program Service Revenue	2 a b c	SCIENCE NEWS SCIENCE EDUCATI		Business Code 511120 611710 541800	5,132,109. 686,919. 378,792.	5,132,109. 686,919.	378,792.	
ev a	d							
Prog		All other program service reve			6,197,820.			. :
		Total. Add lines 2a-2f			0,137,020.			
	3	Investment income (including other similar amounts)	>	715,291.			715,291.	
	5	Royalties			76,407.			76,407.
	6 a	Gross rents	(i) Real	(ii) Personal				
	¢	Rental income or (loss) Net rental income or (loss)		>				
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss)						
enne		Net gain or (loss) Gross income from fundraisin including \$	g events (not	>				
Other Reve		contributions reported on line Part IV, line 18 Less: direct expenses	a					
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities. See	>				
	С	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	ning activities	>	-			
		and allowances Less: cost of goods sold Net income or (loss) from sale	b					
1		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	87,639.			87,639.
	b	LIST RENTAL		900099	52,869.			52,869.
İ	C	***				ļ	ļ	
	d				1/0 500	, •		
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			140,508.	5,819,028.	378 702	932 206
13200 01-23		Total Tevenue. See MSUUCIONS.			1 14303/14.	J,U13,U20.	310,134.	Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

DO F	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	357 000	357 000		and the second of the second o
_	organizations in the United States. See Part IV, line 21	357,000.	357,000.		
2	Grants and other assistance to individuals in	1 020 012	1 020 012		And Continues
_	the United States. See Part IV, line 22	1,829,013.	1,829,013.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	869,707.	869,707.		
	United States. See Part IV, lines 15 and 16	003,107.	009,707.		
4	Benefits paid to or for members			and the state of the first such	<u></u>
5	Compensation of current officers, directors,	568,510.	225,462.	294,198.	48,850
_	trustees, and key employees	300,310.	223,302.	474,190.	40,030
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-7		3,761,171.	3,081,355.	470,090.	209,726
7	Other salaries and wages	J,/U1,1/1.	3,001,333.	410,030.	203,120
8		348,857.	285,003.	43,685.	20,169
	section 401(k) and section 403(b) employer contributions)	535,761.	433,088.	70,515.	32,158
9	Other employee benefits	305,701.	236,030.	51,517.	18,232
10	Payroll taxes	303,773.	230,030.	31,317•	10,232
11	Fees for services (non-employees):				
a	Management	35,364.		23,157.	12,207
b	Legal	47,085.		47,085.	14,401
	Accounting	47,005		47,000.	
	Lobbying				
e f	Investment management fees	102,186.	7-11-1	102,186.	
		1,677,454.	1,523,109.	125,619.	28,726
g 12	OtherAdvertising and promotion	265,906.	249,485.	123,013.	16,421
13	Office expenses	3,505,736.	3,272,198.	40,401.	193,137
14	Information technology	263,139.		130,381.	35,386
15	Royalties	200/2000	3.70720	200,0020	337300
16	Occupancy	283,492.	138,485.	145,007.	
17	Travel	1,033,580.	996,208.	35,172.	2,200
18	Payments of travel or entertainment expenses	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,845,534.	1,833,871.	8,644.	3,019
20	interest		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,243.	8,250.	70,625.	34,368
23	Insurance	111,771.	57,416.	54,355.	······································
24	Other expenses. Itemize expenses not covered	. 75		-	
	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 Q.)				
а	TAXES	119,362.		119,362.	
b	COMMUNICATIONS	112,037.	61,743.	50,157.	137
C	BANK FEES & OTHER EXPEN	58,391.	32,729.	24,029.	1,633
d	REGISTRATION	36,087.	26,079.	8,861.	1,147
е	All other expenses	7,188.	912,360.	-943,593.	38,421
•	Total functional expenses. Add lines 1 through 24e	18,193,353.	16,525,963.	971,453.	695,937
				-	•
25	Joint costs. Complete this line only if the organization				
25	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
25 26					

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			66.		205.
	2	Savings and temporary cash investments			3,178,594.	2	4,690,758.
	3	Pledges and grants receivable, net		,	81,034,013.	3	72,936,440.
	4	Accounts receivable, net			605,797.		696,057.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employer	es. Complete Part II				
		of Schedule L	·		and the control of th	5	
	6	Receivables from other disqualified persons (as	defined under section	n		1.1	
		4958(f)(1)), persons described in section 4958(c				1.54	
		employers and sponsoring organizations of sect				2.3.5	
(0		employees' beneficiary organizations (see instru	ctions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			59,073.	8	25,393.
	9	Done and a construction of the state of the			77,870.	9	203,370.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 2,67	3,733.			
	b	Less: accumulated depreciation		3,111.	471,121.	10c	490,622.
	11	Investments · publicly traded securities	***************************************		20,097,751.	11	20,110,627.
	12	Investments - other securities. See Part IV, line 1	l1 <u>,,,,,,,</u>			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	105,524,285.	16	99,153,472.		
	17	Accounts payable and accrued expenses			610,063.	17	696,368.
	18	Grants payable				18	
	19	Deferred revenue	5,256,789.	19	5,108,399.		
	20	Tax-exempt bond liabilities			20		
<u>ies</u>	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
E.		highest compensated employees, and disqualifi of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					***
		parties, and other liabilities not included on lines					
		Schedule D			2,965,604.	25	3,221,670.
	26	Total liabilities. Add lines 17 through 25	*******		8,832,456.	26	9,026,437.
		Organizations that follow SFAS 117, check he				· · · · · · · · · · · · · · · · · · ·	
es	İ	lines 27 through 29, and lines 33 and 34.		-			
auc	27	Unrestricted net assets			10,131,205.	27	10,624,610.
or Fund Balances	28	Temporarily restricted net assets			86,560,624.	28	79,502,425.
g	29		·····	4		29	
Œ.		Organizations that do not follow SFAS 117, cl					
Ģ		complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds	***************************************			30	, , , , , ,
As	31	Paid-in or capital surplus, or land, building, or eq	uipment fund			31	
let.	32	Retained earnings, endowment, accumulated in	come, or other funds			32	
	33	Total net assets or fund balances			96,691,829.	33	90,127,035.
	34	Total liabilities and net assets/fund balances			105,524,285.	34	99,153,472.
							Form 990 (2011)

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Pa	rt XI Reconciliation of Net Assets					<i>3</i> -
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	,58	9,7	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,19	3,3	53.
3	Revenue less expenses. Subtract line 2 from line 1	3		,60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,69		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-96		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90	,12	7.0	35.
Pa	rt XII Financial Statements and Reporting					
-	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					1.0
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
þ	Were the organization's financial statements audited by an independent accountant?		• • • • • • • • • • • • • • • • • • • •	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	_			
	review, or compilation of its financial statements and selection of an independent accountant?		•	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	•			
	separate basis, consolidated basis, or both:				1.91	4
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nde Au	dit			W
	Act and OMB Circular A-133?	.9.0 / 10	QI.	За	l	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit	- Ca		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. ~~ uu		3b		
		************	44	Form	990 d	2011)

132012 01-23-12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

D	irt I	Reason	for Public Cho	t FOR SCIENCE	5 & 11	IE PUL	RITC			53	3-0196	483	
		neason	TOT PUDITE CHA	rity Status (All organi	zations mu	ist comple	ete this pa	rt.) See ins	tructions.				
	organ			because it is: (For lines									
1	=	A church, co	envention of church	es, or association of chu	rches desc	ribed in s	ection 170)(b)(1)(A)(i	i).				
2	닉			70(b)(1)(A)(ii). (Attach So									
3	\square			oital service organization									
4	Ш	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s	ection 17()(b)(1)(A)(i	ii). Enter ti	he hospital	's nam	ıe,
		city, and sta											
5	ш	An organizat	tion operated for the	benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental un	it describe	ed in		
)(b)(1)(A)(iv). (Comp										
6		A federal, sta	ate, or local governn	nent or governmental un	it describe	d in sectio	on 170(b)(1)(A)(v).					
7		An organizat	ion that normally re-	ceives a substantial part	of its supp	ort from a	governm	ental unit	or from the	general p	ublic desc	ribed i	n
		section 170	(b)(1)(A)(vi). (Compl	ete Part II.)									
8		A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X			ceives: (1) more than 33			from contr	ibutions, r	nembershi	ip fees, an	d aross red	ceipts	from
		activities rela	ated to its exempt fu	ınctions - subject to cert	ain excepti	ons, and	(2) no mor	e than 33	1/3% of its	s support í	from aross	invest	ment
		income and	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	usinesses	acquired b	y the orga	anization a	fter June 3	30. 197	' 5.
		See section	509(a)(2). (Complet	e Part III.)				,	, ,			.,	
10	\blacksquare	An organizat	ion organized and o	perated exclusively to te	est for publ	ic safety.	See section	on 509(a)(4).				
11				perated exclusively for t						v out the i	ourposes o	of one o	or
		more publicly	y supported organiz	ations described in sect	ion 509(a)(1) or secti	on 509(a)(:	2). See se	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of supporti <u>ng</u>	organization and compl	lete lines 1	1e through	h 11h.	•	•	, , ,			
		a Type	1 bl	☐ Type II 💢	с 🗀 Тур	e III - Fund	ctionally in	tegrated		ď□	Type III - C	Other	
е		By checking	this box, I certify th	at the organization is not					r more dis	qualified p	ersons oth	er tha	n
		foundation m	nanagers and other	than one or more publicl	y supporte	d organiz	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ration received a wri	tten determination from	the IRS tha	atitis a Ty	pe I, Type	II, or Type	e III			. ,, ,	
		supporting o	rganization, check t	his box									
g		Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	n from any	of the foll	owing per	sons?			
		(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (iii) below,		Yes	No
		the gove	eming body of the s	upported organization?					************		. 11g(i)		
		(iii) A family	member of a perso	n described in (i) above?							11a(ii)		
		(iii) A 35% (controlled entity of a	a person described in (i)	or (ii) above	e?		••			11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).					-		
			T										
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did yo	u notify the	(vi) Is		(vii) Am	ount of	
	orga	nization		organization (described on lines 1-9	in col. (i) lis			ion in col	organizatio (i) organiz	on in col. ed in the	supr		
				above or IRC section	governing o	ocument?	(i) of you	r support?	(i) organiz U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>				<u>L</u>				

			**		<u> </u>								
ota				L				4,7 7					

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

Schedule A (Form 990 or 990-EZ) 2011

01-24-12

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization _____ b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011

132022

Schedule A (Form 990 or 990 EZ) 2011 SOCIETY FOR SCIENCE & THE PUBLIC 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.)

Sec	ction A. Public Support	cion, picase comp	note i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2693433.	4627306.	410,089.	6425506.	2414289.	16570623.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6789520.	5818764.	5802626.	6198917	5819028	30428855.
3	Gross receipts from activities that	0.030201	30107011	300200	01303171	30130201	304200331
•	are not an unrelated trade or bus-				:		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	9482953.	10446070.	6212715.	12624423.	8233317.	46999478.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1466277.	4217802.	225,832.	6029896.	1909425.	13849232.
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						0.
,	amount on line 13 for the year Add lines 7a and 7b	1466277.	4217802.	225,832.	6029896.	1909425	13849232.
	Public support (Subtract line 7c from line 6.)	24002///	4217002	223,032.	0023030	1707423.	33150246.
Sec	etion B. Total Support			<u> </u>			33130240.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	9482953.	10446070.	6212715.	12624423.	8233317.	46999478.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1092091.	784,011.	450,021.	951,855.		
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1092091.	784,011.	450,021.	951,855.	791,698.	4069676.
12	Other income. Do not include gain						
	or loss from the sale of capital		104,938.	19,254.	87,772.	140,508.	352,472.
13	assets (Explain in Part IV.)	10575044.			13664050.		51421626.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir				
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2011 (line 8, column (f) d	ivided by line 13, c	olumn (f))		15	64.47 %
	Public support percentage from 2010			***************************************		16	62.42 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	7.91 %
	Investment income percentage from:					18	7.71 %
19a	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						▶ X
£	b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	23 01-24-12	ar did not check a	DOX OF HITE 14, 19	a, OF 19D, CHECK II			
					411	~~aiv ~ (i Ui iii 33	~ ~ ~ ~ ~ LL]

Schedule A (Form 990 or 990-EZ) 2011 SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II and Part III.
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
INCOME FROM ACTIVITIES NOT NORMALLY RECURRING

Schedule E (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

53-0196483 SOCIETY FOR SCIENCE & THE PUBLIC Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** → For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s121,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		sss	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$ 1,467,028.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
10		ss	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
11_		ss	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		ss3,241,940.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$67,579 .	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
23452 01-23-	-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

Part I C	ontributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	rearrest and all 1.9	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-23-12		\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FTWARE		04/05/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	04/05/11 (d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of or	ganization		Employer identification number				
SOCIE	TY FOR SCIENCE & THE PU	BLIC	53-0196483				
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	ividual contributions to section 501(c the following line entry. For organizatio tc., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year- (Enter this information once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			70 TO 10 TO				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		11-11-11-11-11-11-11-11-11-11-11-11-11-					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
•	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
123454 01-23	1.12		Sebadula P (Form 000, 000 F7, as 000 PF) (0041)				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

Pa	rt Organizations Maintaining Depart Advised Fundamen Otto Ci. 11	53-0196483
Га	o and o and o	CCOunts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nde
	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 or	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ority edna
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	Yes No
1	Purpose(s) of conservation easements held by the organization (check all that apply).	line 7.
•		
	Protection of natural habitat Preservation of a certified hi	istoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 organ	nization 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during ti	ho year No
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	ear - 5
_	,	~
9		Yes No
•	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.	ganization's accounting for
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	0::1
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
10		
14	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	\$
		ν Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

490,622.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	555 i 5iii 550, Fait X,	MICIC.		
(a) Description of security or category (including name of security)	(b) Book valu	е	(c) Method of valuation: ost or end-of-year market value	
(1) Financial derivatives			,	
(2) Closely-held equity interests	· •			
(3) Other				
(A)			-	
(B)	<u> </u>			
(C)				
(D)		***		
(E)				
(F)				
(G)				
(H)			······································	
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 900 Port V	line 10		
			(a) Mothed of voluntions	
(a) Description of investment type	(b) Book value	e Co	(c) Method of valuation: ost or end-of-year market value	
(1)				
(2)				
(3)				
	·			
(5)				
(6)				
(7)				
(8)				
(9)				·
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	·			
Part IX Other Assets. See Form 990, Part X, lin				
	a) Description		(b) Book v	alue

(2)				
(3)				
(4)				
(5)				1
(6)				***
(8)				
(9)				
(10)				***
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.)		>	
- Control of the cont	A, IINE 25.	(1) (2)		
		(b) Book value		
(1) Federal income taxes (2) AWARDS PAYABLE		0 040 5==-		
	T3 D TT TM**	2,013,670.		
(3) ACCRUED POSTRETIREMENT L	TABTLTJA	1,208,000.		
(4)				1.11
(5)				
(6)	·			
(7)				
(8)	··········			
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lii Fin 48 (ASC 740) Foodiois. In Part XIV, provide the text of the footions 2. FIN 48 (ASC 740).	ne 25.)	3,221,670.		
2. FIN 48 (ASC 740): 182053 182053 01-23-12	то вте огдантиялом в планска	u statements that reports the organi	zation's liability for uncertain tax positions under	
01-23-12				

	rt XI Reconciliation of Change in Net Assets from Form 990 t			C1-1-	53-	0196483	Page 4
1	7			State	men		71.4
2	T. 1			╀		12,589	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		2	-		18,193 -5,603	
4	Net unrealized gains (losses) on investments		3	┼			,155.
5	Donated services and use of facilities		5	+-		-013	,133.
6	Investment expenses	•••••	6	+			
7	Prior period adjustments	• • • • • • • • • • • • • • • • • • • •	7	┼			
8	Other (Describe in Part XIV.)		8	╁		-148	,000.
9	Total adjustments (net). Add lines 4 through 8	• • • • • • • • • • • • • • • • • • • •	9	+			,155.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	 		-6.564	
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue	per R	eturi	n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Total revenue, gains, and other support per audited financial statements				1	11,776	,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						·
а	Net unrealized gains on investments	2a	-813,1	.55.			
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d		2d					
_	Add lines 2a through 2d				2e		<u>,155.</u>
3	Subtract line 2e from line 1				3	12,589	<u>,714.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
D	Other (Describe in Part XIV.)						
_	Add lines 4a and 4b				4c	10 500	0.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stater	nonte M	ith Evnance		5	12,589	,/14.
1	Total expenses and losses per audited financial statements				1	18,341	3 5 3
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					10,341	, , , , , , ,
	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses						
d	Other (Describe in Part XIV.)	2d	148,0	00.	-		
е	Add lines 2a through 2d				2e	148	,000.
3	Subtract line 2e from line 1		*******************		3	18,193	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)						
C	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	18,193	353.
	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	and 4; Part IV,	lines 1	and a	2b; Part V, line	4; Part
X, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	part to provide a	ıny add	litional	information.	
FAF	RT X, LINE 2: THE SOCIETY IS EXEMPT FROM B	EDERA	L INCOME	TA	X U	NDER	
SEC	TON 501/C\/3\ OF THE INTERNAL PRICEMED OF	ND 3.33	D 100170				
000	TION 501(C)(3) OF THE INTERNAL REVENUE CO	DUE AN	D APPLIC	ABL	ER.	EGULATIO)NS
OF	THE DISTRICT OF COLUMBIA, EXCEPT ON NET 1	rato-ame	DED TOED		△3 € 1	INTO DE AME	-
	Paper of Conomple, Bachel on Nel 1	LINCOME	DEKTAEL	rk	OM	UNKELATE	<u> </u>
BUS	SINESS ACTIVITIES.						
						·	
THE	SOCIETY BELIEVES THAT IT HAS APPROPRIATE	SUPP	ORT FOR	ANY	TA	X POSITI	CONS
m x zz	THE AND BUILD STADE BASE THE STATE OF THE ST			·			
THK	EN, AND THEREFORE DOES NOT HAVE ANY UNCER	RTAIN	TAX POSI	TIO	NS :	THAT ARE	<u> </u>
МАТ	ERIAL TO THE FINANCIAL STATEMENTS. AT A M	at natu	M Mun a	007	Cimzs	ia ppe	T
		T-T-TA TIMO	m, IRE S				
132054 01-23-	2			•	эслеа	ule D (Form 99	2U11
	22						

Schedule D (Form 990) 2011 SOCIETY FOR SCIENCE & THE PUBLIC Part XIV Supplemental Information (continued)	53-0196483 Page 5
AND STATE INCOME TAX RETURNS FOR 2008 THROUGH 2011 ARE SUB-	JECT TO
EXAMINATION BY TAXING AUTHORITIES.	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT	-148,000.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT	148,000.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	CIETY FOR SCIENCE & THE PUBLIC	53-0196483
Pa	General Information on Activities Outside the United States. Completo Form 990, Part IV, line 14b.	ete if the organization answered "Yes"
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grantees' eligibility for the grants or assistance, and the selection criteria used to award the	ants and other assistance, e grants or assistance? X Yes No
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of it United States.	s grants and other assistance outside the

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees. offices (by type) (e.g., fundraising, program is a program service, expenditures agents, and in the region services, investments, grants to for and independent contractors describe specific type investments recipients located in the region) of service(s) in region in region in region AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR CENTRAL AMERICA AND AND SPONSORING SCIENCE PARTICIPATION IN THE THE CARRIBEAN 0 FAIRS. INTEL INTERNATIONAL 15 027. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR EAST ASIA AND THE AND SPONSORING SCIENCE PARTICIPATION IN THE PACIFIC 0 FAIRS. INTEL INTERNATIONAL 317,892. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND EUROPE (INCLUDING GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR ICELAND AND AND SPONSORING SCIENCE PARTICIPATION IN THE GREENLAND) FAIRS. INTEL INTERNATIONAL 117,358. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR MIDDLE EAST AND AND SPONSORING SCIENCE PARTICIPATION IN THE NORTH AFRICA 0 FAIRS. INTEL INTERNATIONAL 126,345. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR AND SPONSORING SCIENCE PARTICIPATION IN THE NORTH AMERICA 0 FAIRS. INTEL INTERNATIONAL 48,178. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR RUSSIA AND THE NEWLY AND SPONSORING SCIENCE PARTICIPATION IN THE INDEPENDENT STATES 0 FAIRS. INTEL INTERNATIONAL 65,253. AWARD PAYMENT AND HOUSING WARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR AND SPONSORING SCIENCE PARTICIPATION IN THE SOUTH AMERICA 0 INTEL INTERNATIONAL 130,917. AWARD PAYMENT AND HOUSING AWARDS PAYMENTS AND GRANTS TO ISEF PARTICIPANTS HOUSING GRANTS FOR AND SPONSORING SCIENCE PARTICIPATION IN THE SUB SAHARAN AFRICA 0 FAIRS. INTEL INTERNATIONAL 11,924. 3 a Sub-total 0 832,894. b Total from continuation sheets to Part I 0 36,813. Totals (add lines 3a and 3h) 869,707.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011

132071 01-23-12

		s per Regio	n. (Schedule F (Form 990), Part I, line	3)	96483 _{Page}
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
			AWARD PAYMENT AND HOUSING	AWARDS PAYMENTS AND	
SOUTH ASIA -			GRANTS TO ISEF PARTICIPANTS	HOUSING GRANTS FOR	
AFGHANISTAN, BANGLADESH,			AND SPONSORING SCIENCE	PARTICIPATION IN THE	
DANGBADESH,		0	FAIRS.	INTEL INTERNATIONAL	36,813
					1
				<u>L</u>	
					1
	-		***		-
				İ	

- (n. <u></u>				****	
· · · · · · · · · · · · · · · · · · ·				·	
Totals	.▶				36,813

화	1 SOCIETY	TY FOR SCIEN	SCIENCE & THE PUBLIC		53-0196483	96483		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or ceived more than \$5	rganizations or Entities ,000. Check this box if n	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	complete if the or than \$5.000	ganization answered	"Yes" to Form	990, Part IV, line 15, for	•
Part II can be du	Part II can be duplicated if additional space is needed.	space is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING	TO A COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE		And the second s		CONFERENCE	
		ICELAND & GREENLAND)	HOUSING GRANT FOR ISEF PARTICIPANTS	0		6 290	HOUSING PROVIDED	W.C
	T 100 100 100 100 100 100 100 100 100 10	EAST ASIA AND THE	HOUSING GRANT FOR	C			CONFERENCE HOUSING PROVIDED	
		PACIFIC	ISEF PARTICIPANTS	0		13,199.	AT ISEF	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING GRANT FOR	0	- 4	5,990	CONFERENCE HOUSING PROVIDED 5,990,AT ISEF	Ужд
							CONFERENCE	
		SOUTH AMERICA	HOUSING GRANT FOR	0		HOUSING 24.748.AT ISEF	HOUSING PROVIDED AT ISEF	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HOUSING GRANT FOR	C		73.0	HOUSING PROVIDED	4.440
				•		704	AT LODE	VM 7
		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR	0		41,702.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
			ana mwaad diminishio				CONFERENCE	
		NORTH AMERICA	SEF PARTICIPANTS	0		20,478,AT ISEP	FROVIDED	FMV

ISEF PARTICIPANTS

EAST ASIA AND THE HOUSING GRANT FOR

PACIFIC

49 Schedule F (Form 990) 2011 Enter total number of other organizations or entities

ξĶ

HOUSING PROVIDED CONFERENCE

5,230, AT ISEF

132072 01-23-12

က

N

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990)	SOCIETY	ETY FOR SCIENCE	ICE & THE PUBLIC		53-0196483	96483		Page 2
- j e	organization (if applicable)	Assistance to Organiza (c) Region	(d) Purpose of (e) Amount (f) Manner of (9) Amount of cash grant cash disbursement assistance	(e) Amount of cash grant	(Schedule F (Form 9) (f) Manner of cash disbursement	90), Part II, line (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	0		5,840.	CONFERENCE HOUSING PROVIDED 5,840.AT ISEF	νм
		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR ISER PARTICIPANTS	0.		7,999.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
		SOUTH ASIA	HOUSING GRANT FOR ISEF PARTICIPANTS	0.		10,244.	CONFERENCE HOUSING PROVIDED AT ISEF	ъмо
		MIDDLE BAST AND NORTH AFRICA	HOUSING GRANT FOR ISEF PARTICIPANTS	.0	,,	9,234.	CONFERENCE HOUSING PROVIDED AT ISEF	ΛЖЭ
		MIDDLE EAST AND NORTH AFRICA	HOUSING GRANT FOR ISRF PARTICIPANTS	0.		26,212,	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
		SUB-SAHARAN AFRICA	HOUSING GRANT FOR ISBF PARTICIPANTS	0		CONFERE HOUSING 10,424,AT ISEF	NCE	PMV
		CENTRAL AMERICA R AND THE CARIBBEAN	HOUSING GRANT FOR ISEF PARTICIPANTS	0.		6,864.8	CONFERENCE HOUSING PROVIDED AT ISEF	ЖV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		6,415.	CONFERENCE HOUSING PROVIDED AT ISEF	FMU
		SOUTH AMERICA I	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		CONFERE HOUSING 18,135 AT ISER	NCE PROVIDED	PMV

LL (3)	SOCIETY	ETY FOR SCIENCE	ICE & THE PUBLIC		53-0196483	96483		Page 2
Fart II Continuation o	of Grants and Other	Continuation of Grants and Other Assistance to Organizat	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line	1)	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING GRANT FOR ISBF PARTICIPANTS	0		8,164.	CONFERENCE HOUSING PROVIDED AT ISEF	A.W.J
nove de la constante de la con		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR ISEF PARTICIPANTS	o		18,770.	CONFERENCE HOUSING PROVIDED AT ISEF	ΔMA
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	•0		6,328.	CONFERENCE HOUSING PROVIDED AT ISEF	ЛЯД
	THE PAPER	EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR ISEF PARTICIPANTS	0.		,086,2	CONFERENCE HOUSING PROVIDED AT ISSE	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING GRANT FOR ISEF PARTICIPANTS	0.		6,200.	CONFERENCE HOUSING PROVIDED 6,200,AT ISEF	ΛNJ
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		8,771.	CONFERENCE HOUSING PROVIDED 8,771,AT ISEF	FMV
		SOUTH AMERICA	HOUSING GRANT FOR ISEF PARTICIPANTS	0.	**	7,311.	CONFERENCE HOUSING PROVIDED 7,311,AT ISEF	FMV
		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR	.0		6,240.P	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR	0		CONFERE HOUSING 6,415,AT ISEF	NCE PROVIDED	лжа

<u>ц</u>	SOCIETY	ETY FOR SCIENCE	ICE & THE PUBLIC	•	53-0196483	96483		Page 2
Part II Continuation o	of Grants and Other	r Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 99	30), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GOUSING GRANT FOR ISEF PARTICIPANTS	•0		7,140.	CONFERENCE HOUSING PROVIDED 7,140,AT ISEF	VM ⁹
		MIDDLE EAST AND NORTH AFRICA	HOUSING GRANT FOR ISEF PARTICIPANTS	°		16,684.	CONFERENCE HOUSING PROVIDED AT ISEF	EMV
		EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR ISBF PARTICIPANTS	.0		17,199.	CONFERENCE HOUSING PROVIDED AT ISEF	ARA
	, in the second	SOUTH AMERICA	HOUSING GRANT FOR ISEF PARTICIPANTS	• 0	,	10,164.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING GRANT FOR ISEF PARTICIPANTS	0.		6,792.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		9,378.	CONFERENCE HOUSING PROVIDED 378, PI ISEF	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	0		11,679.	CONFERENCE HOUSING PROVIDED AT ISEF	Δид
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		11,854.	CONFERENCE HOUSING PROVIDED AT ISEF	МА
		RUSSIA & THE NEWLY INDEPENDENT STATES	HOUSING GRANT FOR ISEF PARTICIPANTS	.0	200	8,342.	CONFERENCE HOUSING PROVIDED 8,342,AT ISEF	FΜV

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. Schedule F (Form 990), Part II, line 1)	ENCE & THE PUBLIC nizations or Entities Outside the (d) Purpose of grant grant IE HOUSING GRANT FOR ISEF PARTICIPANTS ISEF PARTICIPANTS ISEF PARTICIPANTS ISEF PARTICIPANTS ISEF PARTICIPANTS ISEF PARTICIPANTS	United States. (e) Amount of cash grant 0.	(\$\frac{53-0196483}{\text{Schedule F (Form 990), Part I}} (\$\frac{(9) Amounor of assistan assistan}{12,} \$\$\$\$,	96483 90), Part II, line (g) Amount of non-cash assistance 12,071. 5,840.	(h) Description of non-cash assistance conference AT ISEF HOUSING PROVIDED AT ISEF CONFERENCE HOUSING PROVIDED AT ISEF AT ISEF AT ISEF AT ISEF AT ISEF AT ISEF	Page 2 (i) Method of valuation (book, FMV, appraisal, other) FMV FMV
EAST ASIA AND THE PACIFIC	E HOUSING GRANT FOR ISBF PARTICIPANTS	0		26,098.	CONFERENCE HOUSING PROVIDED 26,098.AT ISEF	PMV
SOUTH AMERICA	HOUSING GRANT FOR ISEF PARTICIPANTS	0		6,542.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
SOUTH AMERICA	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		29,455.	CONFERENCE HOUSING PROVIDED AT ISEF	Δма
MIDDLE EAST AND NORTH AFRICA	HOUSING GRANT FOR ISEF PARTICIPANTS	.0		46,339.	CONFERENCE HOUSING PROVIDED AT ISEF	AMS
SOUTH AMERICA	HOUSING GRANT FOR ISEF PARTICIPANTS	o		27,062.	CONFERENCE HOUSING PROVIDED AT ISEF	FMV
EAST ASIA AND THE PACIFIC	HOUSING GRANT FOR	0		5,455.ª	CONFERENCE HOUSING PROVIDED 5,455.AT ISER	FWV

53-0196483 Page 2 F (Form 990), Part II, line 1)	(g) Amount of (h) Description (i) Method of non-cash of non-cash assistance assistance appraisal, other)	CONFERENCE HOUSING PROVIDED 8,556, AT ISEF	NCE	CONFERENCE HOUSING PROVIDED 8,869,AT ISER	CONFERENCE HOUSING PROVIDED 8,521.AT ISEF	CONFERENCE HOUSING PROVIDED 5,990,AT ISEF		
53 – Inited States. (Schedule F (For	(e) Amount (f) Manner of of cash grant cash disbursement	.0	.0	.0	0	• 0		
CE & THE PUBLIC 53-0196483 tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	IOUSING GRANT FOR	OUSING GRANT FOR	HOUSING GRANT FOR ISEP PARTICIPANTS	HOUSING GRANT FOR ISBP PARTICIPANTS	HOUSING GRANT FOR ISEF PARTICIPANTS		
(Form 990) SOCIETY FOR SCIENC Continuation of Grants and Other Assistance to Organizat	(c) Region	BAST ASIA AND THE	SOUTH ASIA	EUROPE (INCLUDING ICELAND & GREENLAND)	BAST ASIA AND THE E	EUROPE (INCLUDING ICELAND & H		
SOCIETY Grants and Other Assi	(b) IRS code section and EIN (if applicable)				94 H	ш н о		
Schedule F (Form 990) Part II Continuation of	1 (a) Name of organization							

Schedule F (Form 990) 2011 SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483

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

Part III can be duplicated if additional space is needed.

a constant and a constant	co depression is additional space is liceded		, ,				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(a) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AWARD PAYMENTS FOR							(11111111111111111111111111111111111111
PARTICIPANTS AT INTEL							
INTERNATIONAL SCIENCE AND	EAST ASIA AND THE						
ENGINEERING FAIR,	PACIFIC	64	111,501,	RFT	0		
AWARD PAYMENTS FOR							
PARTICIPANTS AT INTEL	EUROPE (INCLUDING						
INTERNATIONAL SCIENCE AND	ICELAND AND						
ENGINEERING FAIR,	GREENLAND)	23	33,700.	Term.	0		
AWARD PAYMENTS FOR					ALL STREET, ST		
PARTICIPANTS AT INTEL			-				
INTERNATIONAL SCIENCE AND	MIDDLE EAST AND						
ENGINEERING FAIR.	NORTH AFRICA	S	4,750.E	ទទុក	0		
AWARD PAYMENTS FOR				The second secon			
PARTICIPANTS AT INTEL							
INTERNATIONAL SCIENCE AND							
ENGINEERING FAIR.	NORTH AMERICA	19	27,700.EFT	T-SI	0		
AWARD PAYMENTS FOR				740			
PARTICIPANTS AT INTEL	RUSSIA AND THE						
INTERNATIONAL SCIENCE AND	NEWLY INDEPENDENT						
ENGINEERING FAIR.	STATES	13	E,600.E	THE	0.		
AWARD PAYMENTS FOR							
PARTICIPANTS AT INTEL							
INTERNATIONAL SCIENCE AND							
ENGINEERING FAIR.	SOUTH AMERICA	19	7,500.	BFT	0		
AWARD PAYMENTS FOR				And the second s			
PARTICIPANTS AT INTEL							
INTERNATIONAL SCIENCE AND		74					
ENGINEERING FAIR.	SOUTH ASIA	11	13,700.	Tea	0		
AWARD PAYMENTS FOR			,				#
PARTICIPANTS AT INTEL							
INTERNATIONAL SCIENCE AND	SUB SAHARAN	***			•		
ENGINEERING FAIR.	AFRICA	러	1,500.13	EFT	0		
					-		
						Schedule	Schedule F (Form 990) 2011

	die (Form 330) 2011 BOCIEII FOR SCIENCE & THE PUBLIC	53-0196483	Page 4
Parl	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund, (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: ORGANIZATION RECIPIENTS ARE REQUIRED TO PROVE
THEIR NEED FOR A HOUSING GRANT TO ATTEND ISEF. INDIVIDUAL RECIPIENTS ARE
PAID THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM THE
INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE REWARD.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING
GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND
ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING
GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND
ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING
GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND
ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: NORTH AMERICA

132075 01-23-12

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING

GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND

ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING

GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND

ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING

GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND

ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: SUB SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING

GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND

ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

REGION: SOUTH ASIA - AFGHANISTAN, BANGLADESH,

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS PAYMENTS AND HOUSING

GRANTS FOR PARTICIPATION IN THE INTEL INTERNATIONAL SCIENCE AND

ENGINEERING FAIR COMPETITION (ONE OF SSP'S SCIENCE EDUCATION PROGRAMS)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

OMB No. 1545-0047

2011
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2 | Employer identification number 53-0196483 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOOL AWARDS SCHOOL AWARDS SCHOOL AWARDS SCHOOL AWARDS SCHOOL AWARDS CHOOL AWARDS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

| Amount of or government | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia | Columbia Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 。 ö 0 ö o. ċ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 6,000 6,000. 7,000 7,000, 7,000 6,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE PUBLIC ß Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? SOCIETY FOR SCIENCE General Information on Grants and Assistance 52-6000989 56-1425643 54-0805373 75-6002149 22-6002432 11-2116435 NORTH CAROLINA SCHOOL OF SCIENCE & 1 (a) Name and address of organization 1155 UNION CIRCLE, PO BOX #305309 TEXAS ACADEMY OF MATH AND SCIENCE S MATHEMATICS - 1219 BROAD STREET PO BOX 2418 - DURHAM, NC 27705 THOMAS JEFFERSON HIGH SCHOOL OF ACADEMY FOR THE ADVANCEMENT OF BRADDOCK RD. - ALEXANDRIA, VA HACKENSACK AVE. - HACKENSACK, MONTGOMERY BLAIR HIGH SCHOOL SCIENCE & TECHNOLOGY - 6560 SCIENCE & TECHNOLOGY - 200 WARD MELVILE HIGH SCHOOL 51 UNIVERSITY BLVD., E. SILVER SPRING, MD 20901 EAST SETAUKET, NY 11733 Name of the organization DENTON, TX 76203 PO BOX 9050 Part Part 22312 07661 N

Schedule I (Form 990) (2011)

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

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Page 1

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SOCIETY FOR SCIENCE	of Grants and Oth
le I (Form 990)	Part II Continuation
Schedu	Part

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205 STREET BRONX, NY 10468	13-6400434		8,000.	0.			SCHOOL AWARDS
OSSINING HIGH SCHOOL 29 SOUTH HIGHLAND AVENUE OSSINING, NY 10562	13-6007160		8,000.	0.			SCHOOL AWARDS
THE HARKER SCHOOL 500 SARATOGA AVENUE SAN JOSE, CA 95129	94-1613808		7,000.	0.			SCHOOL AWARDS
					TATALAN TATALA		Schedule I (Form 990)

Schedule I (Form 990) (2011) SOCIETY FOR SCIENCE & THE PUBLIC

Page 2

53-0196483

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0 Ö 1,581,052, 247,961 (c) Amount of cash grant 782 (b) Number of recipients 30 AWARDS FOR PARTICIPATION IN SSP SCIENCE EDUCATION (a) Type of grant or assistance OUTREACH GRANTS FOR FELLOWS PROGRAM COMPETITIONS

TO PROVIDE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: ORGANIZATION RECIPIENTS ARE REQUIRED H PART H SCHEDULE Part IV

RECIPIENTS ARE PAID THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM INDIVIDUAL A WRITTEN REQUEST DETAILING HOW THE FUNDS WILL BE USED.

THE INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Compensation committee ☐ Written employment contract independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(0)	(9)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(0)	295,027.	25,000.	12,152.	24,500.	19,091.	375,770.	0.
1 ELIZABETH MARINCOLA	3		0			- 1	- 1	0
TERDET VECORED	≘ :	152,384.	0	2,012.	15,868.	22,4/6.	194, /40.	0
2 Gredoni Miloneun	€ €	123,348.	0	2,120.	12,800.	20,572.	158,840.	0.
3 RICHARD BATES	E	0	0	1 1	1 1	li	0.	0.
	(3)	132,891.	0.	1,479.	13,189.	7,184.	154,743.	0.
4 MICHELE GLIDDEN	(ii)		0	- 1	- 1	- 1	- 1	0
	Θ	129,942.	0	2,154.	13,392.	19,878.	165,366.	0
5 HARRY ROTHMANN	(ii)		0				- 1	0.0
	Ξ	144,741.	0.1	3,634.	14,632.	13,637.	1/6,644.	0.
6 THOMAS SIEGFRIED	(ii)	• 0	0	0	0.	0.	0.	0
	(i)							
7	(ii)							
	(i)							
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Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any Part III | Supplemental Information additional information.

SOCIETY FOR SCIENCE & THE PUBLIC

Schedule J (Form 990) 2011

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COMPENSATION PAID TO OFFSET 403(B) CONTRIBUTION LIMITS

THE SSP PAYS SOCIAL CLUB DUES FOR THE PRESIDENT AT THE BEHEST OF THE BOARD. BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT

THE OVERALL THE BONUS IS CONSIDERED AS PART OF .. ထ LINE PART I

COMPENSATION PACKAGE AND IS COMPARED TO THE COMPENSATION INFORMATION

FOR THE EXECUTIVE COMMITTEE AS PART OF THE COMPENSATION REVIEW. REVIEWED BY

BUT NOT PAID OR 2011 THE BONUS WAS ACCRUED IN THE FINANCIAL STATEMENTS,

THE W-2. NI REPORTED

Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

2011

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

OMB No. 1545-0047

Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts <u>tems contributed Form 990, Part VIII, line 1g</u> 1 Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts X 67,579. FMV Other > SOFTWARE 25 26 Other > 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

132141 01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2011 Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO SSP'S

AUDIT COMMITTEE FOR REVIEW AND COMMENTS. PRIOR TO FILING, THE FORM 990 WAS

ALSO PROVIDED TO THE REST OF SSP'S BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR, OFFICERS, DIRECTORS,
TRUSTEES, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES ARE REQUIRED TO
AFFIRMATIVELY DISCLOSE ANY POTENTIAL CONFLICTS BY FILING OUT A FORM
RESPONDING TO THIS INQUIRY. THESE REPONSES ARE REVIEWED BY SSP MANAGEMENT
AND THE SSP AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO, AS WELL AS THE OFFICERS AND KEY EMPLOYEES, WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE WHO ARE INDEPENDENT AND THEIR DELIBERATIONS AND DECISIONS ARE DOCUMENTED. SSP HIRED AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT TO BENCHMARK SALARIES FOR EACH ORGANIZATIONAL POSITION. THIS DATA WAS PROVIDED TO THE EXECUTIVE COMMITTEE WHO CONSIDERED IT WHEN MAKING THEIR COMPENSATION DECISIONS FOR THE CEO, OFFICERS, AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ

NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ON SSP'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)