COPY FOR

Form 990-T	Exempt Organization Business Income Tax Return 2012										
Department of the Treasury	(and proxy tax under section 6033(e)) For calendar year 2012 or other tax year beginning , and ending Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if	Forc	D Employer identification number									
address changed	-	instructions.)									
B Exempt under section	Print	SOCIETY FOR SCIENCE &	53-0196483 E Unrelated business activity codes								
X 501(C)(3)	Tuno	Number, Street, and footh of suite no. if a P.O. box, see instructions. (See instructions)									
408(e) 220(e)		1/19 N SIREEI, NW									
408A530(a)	1	City or town, state, and ZIP code WASHINGTON, DC 20036	511	120							
C Rook value of all accets	E Groun		<u> </u>			<u> </u>					
at end of year	d oncor organization type > [==] so /(o/ ossiponation ==] so /(o/ siset										
93,608,526.				N							
H Describe the organization	n's prim	ary unrelated business activity. ▶ PERIODI	CAL	<u> </u>			s X No				
I During the tax year, was	the con	poration a subsidiary in an affiliated group or a pare	n t-su bsi	diary controlled group?		Ye	S A NO				
		tifying number of the parent corporation.		Tolonha	one number	(202	785-2255				
		de or Business Income		(A) Income	(B) Expense		(C) Net				
1a Gross receipts or sa		de of business froome		V-,							
b Less returns and allo		c Balance ▶	16								
		A, line 7)	2								
		rom line 1c	3								
•		ch Schedule D)	4a								
		Part II, line 17) (attach Form 4797)	4b								
• , , ,		sts	4c								
· · · · · · · · · · · · · · · · · · ·	Income (loss) from partnerships and S corporations (attach statement) 5										
6 Rent Income (Sched	ule C)		6								
7 Unrelated debt-finan	Unrelated debt-financed income (Schedule E) 7										
		and rents from controlled organizations (Sch. F)	8								
9 Investment income	of a secti	on 501(c)(7), (9), or (17) organization									
			9								
10 Exploited exempt ac	tivity inc	ome (Schedule I)	10	200 100	F 2.7	104	-209,076.				
	Advertising income (Schedule J) 11 328, 108 • 537,										
•											
	s 3 thro	ugh 12	13	328,108.	331,	104.	-209,076.				
Part II Deducti (except for	ons N contrib	ot Taken Elsewhere (see instructions for utions, deductions must be directly connected.)	d with t	he unrelated business	s income)						
14 Compensation of o	fficers, d	irectors, and trustees (Schedule K)				14					
15 Salaries and wages						15					
16 Repairs and mainte	enance										
•							250.				
							250.				
21 Depreciation (attac											
						22h 23					
	· Average of the second of the										
	·										
		Schedule I)									
27 Evenes readershin	27										
28 Other deductions (сын спасимент 1										
29 Total deduction	s. Add li	nes 14 through 28				29	2,896.				
30 Unrelated business	taxable	income before net operating loss deduction. Subtra	ct line 29	from line 13		30_	-211,972.				
31 Net operating loss	deductio	n (limited to the amount on line 30)				31_	0.				
32 Unrelated business	taxable	income before specific deduction. Subtract line 31 f	rom line	30		32	-211,972.				
		ly \$1,000, but see instructions for exceptions)				33	1,000.				
		table income. Subtract line 33 from line 32. If line					211 070				
of zero or line 32						34	-211,972 .				

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see Instructions. Form **990-T** (2012)

Part I	1	Fax Computation						£0000000000		
35	Organ	nizations taxable as corporations (see instructions for tax co	mputati	on).						
	Contr	olled group members (sections 1561 and 1563) check here	▶ □	See instructions	s and:					
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable	income	brackets (in that o	order):					
	(1)	\$ (2) \$		(3) \$						
b	Enter	organization's share of: (1) Additional 5% tax (not more tha	1 \$11, 75	(0) \$						
	(2) A	dditional 3% tax (not more than \$100,000)		\$						
C		ne tax on the amount on line 34						35c		0.
		s taxable at trust rates (see instructions for tax computation								
		Tax rate schedule or Schedule D (Form 1041)						36		
37		r tax (see instructions)						37		
38		native minimum tax						38		
39		Add lines 37 and 38 to line 35c or 36, whichever applies						39		0.
Part		Tax and Payments								
		gn tax credit (corporations attach Form 1118; trusts attach Fo	rm 1110	3)	40a					
b		credits (see instructions)								
C		ral business credit. Attach Form 3800								
ď	Credil	t for prior year minimum tax (attach Form 8801 or 8827)			40d					
		credits. Add lines 40a through 40d						40e		
41		act line 40e from line 39								0.
42	Other	taxes. Check if from: Form 4255 Form 8611	Form	8697 Form	n 886 6	Other	' (attach statement)	42		
43		tax. Add lines 41 and 42						43		0.
		ents: A 2011 overpayment credited to 2012			(ì				
	•	estimated tax payments			1	•				
		eposited with Form 8868					-			
		gn organizations: Tax paid or withheld at source (see instruct								
	I Foreign organizations: Tax paid or withheld at source (see instructions) 44d Backup withholding (see instructions) 44e									
		t for small employer health insurance premiums (Attach Forn								
		credits and payments: Form 2439								
•	Form 4136 Other Total ► 44g									
45		payments. Add lines 44a through 44g						45		
46		nated tax penalty (see instructions). Check if Form 2220 is att								
47		iue. If line 45 is less than the total of lines 43 and 46, enter a						47		<u>0.</u>
48		payment. If line 45 is larger than the total of lines 43 and 46,						48		0.
49	Enter	the amount of line 48 you want: Credited to 2013 estimated	tax	>		R	efunded 🕨	49	*	
Part		Statements Regarding Certain Activities	and C	Other Inform	ation (s	e instr	uctions)			
1 Ata	any tim	e during the 2012 calendar year, did the organization have a	interes	t in or a signature	or other au	thority o	ver a financial a	ccount (ban	ık, 🕍	Yes No
sec	urities,	, or other) in a foreign country? If "Yes," the organization may	have to	file Form TD F 90-	-22.1, Repo	ort of Fo	reign Bank and F	inancial	***	
Acc	counts.	If "Yes," enter the name of the foreign country here								X
2 Duri	ing the t	If "Yes," enter the name of the foreign country here hax year, did the organization receive a distribution from, or was it the green instructions for other forms the organization may have to file.	antor of, o	r transferor to, a foreig	gn trust7	.,,,,.				X
3 Ent	er the a	amount of tax-exempt interest received or accrued during the	tax yea	r ▶ \$						
Sched	dule.	A - Cost of Goods Sold. Enter method of inver	itory va	luation 🕨 N	/A			· · · · · · · · · · · · · · · · · · ·		
1 Inv	entory	at beginning of year 1	6	Inventory at end o	fyear			6		
2 Pui	rchases	s <u>2</u>	7	Cost of goods sole	d. Subtract	line 6				
3 Cos	st of lat	bor 3		from line 5. Enter	here and in	Part I, I	ine 2	7		
4a Add	ditional section 263A costs (att. statement) 4a 8 Do the rules of section 263A (with respect to Yes No									
b Oth	ther costs (attach statement) 4b property produced or acquired for resale) apply to									
5 Tot	al. Add	d lines 1 through 4b 5		the organization?					<u>.</u>	
•	Ur	nder penajbis of perjury, I declare that I have examined this return, inclu vrect, and complete. Declaration of preparer fother than taxpayer) is bas	ding acco	mpanying schedules nformation of which o	and stateme reparer has	nts, and to my knowl	o the best of my kn edge.	owledge and	belief, it is tr	ue,
Sign	.	4/: 1011-17	-, /,-					May the IRS d	iscuss this n	eturn with
Here		qu'ya haran (1/13	PRESI	DENT		-	the preparer s		
		Signature of officer Date		F little	г.			nstructions)?	ZIYes	No
		Print/Type preparer's name Preparer's sig	ınature		Date		Check	if PTIN		
Paid		1. 1. 1.	٠ ر	E. WHA	5/1/	/ 3	self- employed		02650	0.0
Prepa	arer	SUBRINA L. WOOD XILLIA	un /	· wra	9/1/	, ,	1		03658	
Use (Firm's name ► TATE & TRYON		TMT 400			Firm's EIN	<u> </u>	-1855	344
		1	V SU					202	າດາ າ	200
		Firm's address > WASHINGTON, DC 2	0036				Phone no.		293-2	200)-T (2012)
									-orm 991	J= 1 (2012)

Schedule C - Rent Incor	ne (From Real	Property and	d Personal	Property	/ Lease	d With Real Pr	operty) (see instructions	;)
1. Description of property								
(1)			,					
(2)								
(3)				-				
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the formula of the formula property is 10% but not more than 10% but not more t	s more than	of rent for g	and personal proper personal property ex nt is based on profit	ceeds 50% or	ntage if	3(a) Deductions direc columns 2(a)	tity connected with the income in and 2(b) (attach statement)	1
(1)								
(2)								
(3)								
(4)					•			
Total	0.	Total			0.	(b) Total dodustions		
(c) Total Income. Add totals of colu					^	(b) Total deductions. Enter here and on page 1 Part I, line 6, column (8)		Λ
here and on page 1, Part I, line 6, co			: .		0.	Part I, line 6, column (8)	>	0.
Schedule E - Unrelated	Dept-Financed	i income (see	instructions)		1	2 Dodustiana dimetivo	onnected with or allocable	
			2. Gross Inc	come from		to debt-fine	nced property	
1. Description of d	lebt-financed property		or allocable financed		(a)	Straight line depreciation (attach statement)	(b) Other deductions (attach statement)	
/4\					_			
(1)		,,,			<u> </u>			
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	of or a	adjusted basis allocable to anced property a statement)	6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)	8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(4)				%				
(1)				<u> </u>				-
(2)				%				-
(3)				%			rright.	
(-1)			author			nter here and on page 1, art I, line 7, column (A).	Enter here and on page Part I, line 7, column (
Totals					▶		0	0.
Total dividends-received deduction	i ns included in colum	n 8					>	0.
Schedule F - Interest, A	nnuities, Roya	lties, and Re	nts From C	ontrolled	d Orgai	nizations (see in	structions)	
		Exem	pt Controlled C	rganization	าร			
Name of controlled organization	n 2 Employer id num	entification Net u	3. Inrelated income (see instructions)	Total of	4. f specified ints made	5. Part of column 4 included in the cont organization's gross	rolling connected with inco	otly ome
(1)								
(2)								
_(3)								
(4)								
Nonexempt Controlled Organiza	ations							
7. Taxable income	8. Net unrelated incon (see instructions		otal of specified pay made	ments 1	in the con	column 9 that is included trolling organization's ross income	Deductions directly cont with income in column 10	
(1)			-					
(1) (2)								
(3)								
(4)								
		,			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Pa line 8, column (B).	art I,
Talata						0.		0.
Totals				-	.,	<u> </u>	Form 990-T	
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Schedule G - Investn (see in	nent In struction		Section 5	i01(c)(7	'), (9), or (17) Or	rganizati	ion				
***	escription o				2. Amount of income	3. Dedu directly of (attach st	onnected		et-asides n statement)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)						·					
(2)											
(3)											
(4)				i							
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page Part I, line 9, column (E	
					ranti, iine e, column (A).						
Totals					0.					C) <u>.</u>
Schedule I - Exploite (see ins	d Exer tructions		/ Income,	Other	Than Advertisi	ing Inco	me				
Description of exploited activity	_ [2. Gross elated business ncome from de or business	3. Exper directly con with produ of unrela business in	nected iction ited	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from acti is not ur business	vity that related	attril	Expenses outable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)	-										
(3)						····					
(4)											
	l p	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, P line 10, co	arti,				,		Enter here and on page 1, Part II, line 26.	_
Totals	<u> </u>	0.		0.						() .
Schedule J - Adverti	sing In	come (see	instructions)								
Part I Income Fron	n Perio	dicals Rep	orted on	a Con	solidated Basis	•					
		2. Gross	2	Division	4. Advertising gain	5 0	culation	fi De	adership	7. Excess readership costs (column 6 minus	
1. Name of periodical		advertising Income		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, compu cols, 5 through 7.		come		osts	column 5, but not mor than column 4).	
(1)					4						
(2)					_						
(3)					_						
(4)											****
Totals (carry to Part II, line (5))	>		0.	0						(0.
Part II Income From columns 2 throu	n Perio gh 7 on a	odicals Rep a line-by-line ba	orted on asis.)	a Sepa	arate Basis (For	each perio	dical liste	d in Part	II, till in		
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols, 5 through 7.	5. Cii	rculation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not mor than column 4).	s
(1) SCIENCE NEWS	}	328,10	8. 537	,184	-209,076	•					
(2)											
(3)											
(4)											
Totals from Part I			0.	0	•						0.
		Enter here and page 1, Part I line 11, col. (A	, page). line t	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.	۸
Totals, Part II (lines 1-5)	nestin	328,10		, 184		e instructio	ns)			(0.
			, = 11001	, di			3. Perce			ensation attributable related business	
	. Name				2. Title		busine		to un	oraten phyticos	
(1)			-					% %			
(2)								% %			
(3)								% %			
(4)	(D-4 11	line 1.6		<u> </u>			l	/G		(0.
Total. Enter here and on page	ı, Part II,	ine 14	<u></u>			***************************************	***********	<u> </u>			

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Form **990-T** (2012)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		2,646.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	2,646.