

Form **990**

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

**2012**

Open to Public Inspection

<b>A</b> For the 2012 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">SOCIETY FOR SCIENCE &amp; THE PUBLIC</div>		<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">53-0196483</div>
	Doing Business As <div style="border: 1px solid black; padding: 2px;"></div>		<b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">(202) 785-2255</div>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">1719 N STREET, NW</div>		
	City, town, or post office, state, and ZIP code <div style="border: 1px solid black; padding: 2px;">WASHINGTON, DC 20036</div>		<b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">11,987,435.</div> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>F</b> Name and address of principal officer: ELIZABETH M. MARINCOLA SAME AS C ABOVE		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.SOCIETYFORSCIENCE.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1921	<b>M</b> State of legal domicile: DE

<b>Part I Summary</b>			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE PUBLIC UNDERSTANDING OF SCIENCE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	65
	6	Total number of volunteers (estimate if necessary)	1200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	328,108.
7b	Net unrelated business taxable income from Form 990-T, line 34	-211,972.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,459,688.
	9	Program service revenue (Part VIII, line 2g)	4,941,020.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,197,820.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	715,291.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,652.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,589,714.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,055,720.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,520,078.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 734,707.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,617,555.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,279,138.
	19	Revenue less expenses. Subtract line 18 from line 12	18,193,353.
	20	Total assets (Part X, line 16)	-5,603,639.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	-6,719,708.
	22	Net assets or fund balances. Subtract line 21 from line 20	99,153,472.
			93,608,526.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer		Date
	ELIZABETH M. MARINCOLA, PRESIDENT		5/10/13
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	PTIN
	SUBRINA L. WOOD	Subrina L. Wood	P00365899
Firm's name	Firm's name ▶ TATE & TRYON	Firm's EIN ▶ 52-1855942	
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Phone no. 202-293-2200	

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

**SOCIETY FOR SCIENCE & THE PUBLIC****53-0196483**

Name and title of officer

**ELIZABETH M. MARINCOLA****PRESIDENT****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>11987435</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b .....
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b .....
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b .....
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **TATE & TRYON**to enter my PIN **20036**

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**5/7/13****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**00000020002**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**5/1/13**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

**Product: Exempt**

**Name:** SOCIETY FOR SCIENCE & THE PUBLIC

**FEIN:** 53-0196483

**Fiscal Year** 1/1/2012

**Begin Date:**

**Category:**

**IRS Center:** Ogden

**Fiscal Year** 12/31/2012

**End Date:**

**e-Postmark:** 5/9/2013 10:26:14 AM

**Notification:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	5/9/2013	Upload Started			
	5/9/2013	Released for Transmission - Validation In Progress			System
	5/9/2013	Ready to transmit - Validation Complete			
	5/9/2013	Transmitted to FD	524728201312907e2e73		
	5/9/2013	Accepted by FD on 5/9/2013			

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

PROMOTING THE UNDERSTANDING AND APPRECIATION OF SCIENCE AND THE VITAL  
ROLE IT PLAYS ON HUMAN ADVANCEMENT.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 9,864,410. including grants of \$ 3,095,945.) (Revenue \$ 678,089.)

SCIENCE EDUCATION PROGRAMS - SPARKING THE IMAGINATION OF FUTURE  
GENERATIONS OF SCIENTISTS IS CRITICALLY IMPORTANT TO ENSURE THAT  
SCIENTIFIC INGENUITY THRIVES. SSP IS PROUD TO SUPPORT THE WORLD'S TOP  
YOUNG SCIENTIFIC MINDS THROUGH ANNUAL COMPETITIONS THAT ENCOURAGE  
INDEPENDENT RESEARCH AND INQUIRY-BASE LEARNING. SSP OFFERS OUR  
COMPETITIVE, EDUCATIONAL PROGRAMS TO ASPIRING SCIENTISTS - TO ENSURE  
OUR NEXT GENERATION CONFRONTS ITS CHALLENGES WITH THE CURIOSITY, THE  
TOOLS AND THE CAPACITY TO BUILD A BETTER WORLD. SCIENCE COMPETITIONS  
OFFERED BY SSP - THE INTEL SCIENCE TALENT SEARCH, THE INTEL  
INTERNATIONAL SCIENCE AND ENGINEERING FAIR AND THE BROADCOM MASTERS -  
PROVIDE TODAY'S YOUTH WITH THE INSPIRATION TO PURSUE CAREERS IN THE  
SCIENCES AND ACHIEVEMENT IN LIFE.

**4b** (Code: ) (Expenses \$ 6,302,670. including grants of \$ ) (Revenue \$ 5,269,472.)

SCIENCE NEWS - SCIENCE NEWS HAS BEEN PUBLISHED SINCE 1922. THIS  
AWARD-WINNING NEWS MAGAZINE COVERS IMPORTANT AND EMERGING RESEARCH IN  
ALL FIELDS OF SCIENCE. IT PUBLISHES CONCISE, ACCURATE, TIMELY ARTICLES  
THAT APPEAL TO BOTH GENERAL READERS AND SCIENTISTS, REACHING OVER  
115,000 SUBSCRIBERS IN PRINT AND VARIOUS DIGITAL FORMATS ALONG WITH  
MILLIONS OF VISITORS TO OUR WEBSITE WWW.SCIENCENEWS.ORG IN 2012.

**4c** (Code: ) (Expenses \$ 726,342. including grants of \$ 304,218.) (Revenue \$ )

OUTREACH - THROUGH THE SSP FELLOWS PROGRAM, SSP IS PROVIDING FUNDS AND  
TRAINING TO SELECTED UNITED STATES SCIENCE AND MATH TEACHERS WHO SERVE  
UNDER-RESOURCED STUDENTS, ENABLING INTERESTED AND MOTIVATED STUDENTS TO  
PERFORM HIGH-QUALITY INDEPENDENT SCIENTIFIC RESEARCH.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 16,893,422.

Form 990 (2012)

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

Form 990 (2012)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	587
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	65
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	N/A
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	N/A
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**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.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

**Section 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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CO, CT, DC, 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) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 organization: **GREGORY MITCHELL - (202) 785-2255**  
**1719 N STREET, NW, WASHINGTON, DC 20036**



**Part VII 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
H. ROBERT HORVITZ CHAIR	3.00	X		X				0.	0.	0.
JENNIFER E. YRUEGAS VICE CHAIR	3.00	X		X				0.	0.	0.
ROBERT W. SHAW, JR. TREASURER	3.00	X		X				0.	0.	0.
GAYLE WILSON SECRETARY	3.00	X		X				0.	0.	0.
CRAIG BARRETT TRUSTEE	1.00	X						0.	0.	0.
MICHELLE ENGLISH TRUSTEE	1.00	X						0.	0.	0.
S. JAMES GATES, JR. TRUSTEE	1.00	X						0.	0.	0.
TOM LEIGHTON TRUSTEE	1.00	X						0.	0.	0.
ALAN LESHNER TRUSTEE	1.00	X						0.	0.	0.
PAUL MADDON TRUSTEE	1.00	X						0.	0.	0.
STEPHANIE PACE MARSHALL TRUSTEE	1.00	X						0.	0.	0.
PATRICK MCGOVERN TRUSTEE	1.00	X						0.	0.	0.
JOE PALCA TRUSTEE	1.00	X						0.	0.	0.
VIVIAN SCHILLER TRUSTEE	1.00	X						0.	0.	0.
FRANK WILCZEK TRUSTEE	1.00	X						0.	0.	0.
ELIZABETH MARINCOLA PRESIDENT	37.50			X				347,824.	0.	47,843.
GREGORY MITCHELL CHIEF FINANCIAL OFFICER	37.50			X				168,847.	0.	39,077.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BATES CHIEF ADVANCEMENT OFFICER	37.50					X		137,658.	0.	34,850.
MICHELE GLIDDEN DIRECTOR OF SCIENCE EDUCATION PROGRA	37.50					X		140,195.	0.	20,857.
HARRY ROTHMANN DIRECTOR OF INTERNAL AFFAIRS	37.50					X		136,738.	0.	34,028.
THOMAS SIEGFRIED EDITOR IN CHIEF, SCIENCE NEWS JAN-AU	37.50					X		128,530.	0.	25,310.
EVA EMERSON EDITOR IN CHIEF, SCIENCE NEWS AUG-DE	37.50					X		114,442.	0.	28,919.
<b>1b Sub-total</b>								1,174,234.	0.	230,884.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,174,234.	0.	230,884.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
K&W ASSOCIATES 4539 LEE HILL DRIVE, BOULDER, CO 80302	WRITING AND EDITORIAL	130,000.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>1</b>		

**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	21,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	4,920,020.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			4,941,020.			
	Program Service Revenue	<b>2 a</b> SCIENCE NEWS .....	Business Code	511120	4,941,364.	4,941,364.	
<b>b</b> SCIENCE EDUCATION PROGRAMS .....			611710	678,089.	678,089.		
<b>c</b> SCIENCE NEWS ADVERTISING .....			541800	328,108.		328,108.	
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				5,947,561.			
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			851,202.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			58,733.			58,733.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code				
<b>11 a</b> MISCELLANEOUS .....		900099	132,433.			132,433.	
<b>b</b> LIST RENTAL .....		900099	56,486.			56,486.	
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			188,919.				
<b>12 Total revenue.</b> See instructions. ....			11,987,435.	5,619,453.	328,108.	1,098,854.	

**Part IX** Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	377,185.	377,185.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,939,623.	1,939,623.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,083,355.	1,083,355.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	603,591.	225,531.	326,624.	51,436.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,169,710.	3,480,436.	475,767.	213,507.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	446,120.	346,365.	74,993.	24,762.
9	Other employee benefits	470,484.	365,281.	79,088.	26,115.
10	Payroll taxes	337,937.	262,373.	56,807.	18,757.
11	Fees for services (non-employees):				
a	Management				
b	Legal	42,334.		29,647.	12,687.
c	Accounting	49,957.		49,957.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	79,117.		79,117.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,791,124.	1,520,149.	236,285.	34,690.
12	Advertising and promotion	197,834.	197,834.		
13	Office expenses	3,365,191.	3,105,247.	36,677.	223,267.
14	Information technology	194,242.	101,207.	55,663.	37,372.
15	Royalties				
16	Occupancy	221,442.	86,947.	134,495.	
17	Travel	970,081.	910,117.	53,242.	6,722.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,755,646.	1,745,362.	9,459.	825.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	146,723.	8,256.	106,967.	31,500.
23	Insurance	110,917.	54,600.	56,317.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TAXES	126,776.		126,776.	
b	COMMUNICATIONS	94,665.	39,309.	55,138.	218.
c	BANK FEES & OTHER EXPEN	66,694.	35,769.	22,290.	8,635.
d	REGISTRATION	66,395.	52,878.	10,863.	2,654.
e	All other expenses		955,598.	-997,158.	41,560.
25	Total functional expenses. Add lines 1 through 24e	18,707,143.	16,893,422.	1,079,014.	734,707.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	205.	1	149.
	2 Savings and temporary cash investments .....	4,690,758.	2	6,488,332.
	3 Pledges and grants receivable, net .....	72,936,440.	3	63,732,446.
	4 Accounts receivable, net .....	696,057.	4	385,375.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	25,393.	8	20,280.
	9 Prepaid expenses and deferred charges .....	203,370.	9	114,783.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,679,833.		
	b Less: accumulated depreciation .....	10b 2,329,834.	10c	349,999.
	11 Investments - publicly traded securities .....	490,622.	11	22,517,162.
	12 Investments - other securities. See Part IV, line 11 .....	20,110,627.	12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	99,153,472.	16	93,608,526.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	696,368.	17	785,437.
	18 Grants payable .....		18	
	19 Deferred revenue .....	5,108,399.	19	5,115,841.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,221,670.	25	3,538,613.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	9,026,437.	26	9,439,891.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	10,624,610.	27	12,469,821.
	28 Temporarily restricted net assets .....	79,502,425.	28	70,732,875.
	29 Permanently restricted net assets .....		29	965,939.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	90,127,035.	33	84,168,635.
34 <b>Total liabilities and net assets/fund balances</b> .....	99,153,472.	34	93,608,526.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,987,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,707,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,719,708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,127,035.
5	Net unrealized gains (losses) on investments	5	911,308.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-150,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,168,635.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

**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

2012

**Open to Public Inspection**

Name of the organization

SOCIETY FOR SCIENCE &amp; THE PUBLIC

Employer identification number

53-0196483

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012



**Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and <b>see instructions</b> .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4627306.	410,089.	6425506.	2414289.	4941020.	18818210.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	5818764.	5802626.	6198917.	5819028.	5619453.	29258788.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....	10446070.	6212715.	12624423.	8233317.	10560473.	48076998.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....	4217802.	225,832.	6029896.	1909425.	1432277.	13815232.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
c Add lines 7a and 7b .....	4217802.	225,832.	6029896.	1909425.	1432277.	13815232.
8 <b>Public support.</b> (Subtract line 7c from line 6.) .....						34261766.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 .....	10446070.	6212715.	12624423.	8233317.	10560473.	48076998.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	784,011.	450,021.	951,855.	791,698.	909,935.	3887520.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	784,011.	450,021.	951,855.	791,698.	909,935.	3887520.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	104,938.	19,254.	87,772.	140,508.	188,919.	541,391.
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	11335019.	6681990.	13664050.	9165523.	11659327.	52505909.
14 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	65.25 %
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	64.47 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	7.40 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	7.91 %

- 19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....
- b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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 B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

SOCIETY FOR SCIENCE &amp; THE PUBLIC

53-0196483

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization	Employer identification number
SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SOCIETY FOR SCIENCE &amp; THE PUBLIC

53-0196483

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>		\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>		\$ <u>27,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>		\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 2,698,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 239,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 66,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 133,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 965,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

SOCIETY FOR SCIENCE &amp; THE PUBLIC

53-0196483

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

SOCIETY FOR SCIENCE &amp; THE PUBLIC

53-0196483

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** 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 funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and 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 XIII, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 0.               |                |                    |                      |                     |
| b Contributions                                  | 965,939.         |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 965,939.         |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☒ 100.00 %
- c Temporarily restricted endowment ☐ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,946.		26,946.
b Buildings		1,509,052.	1,297,098.	211,954.
c Leasehold improvements				
d Equipment		528,187.	468,667.	59,520.
e Other		615,648.	564,069.	51,579.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				349,999.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(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, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AWARDS PAYABLE	2,134,613.	
(3) ACCRUED POSTRETIREMENT LIABILITY	1,404,000.	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,538,613.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	12,898,743.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	911,308.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	911,308.	
3	Subtract line 2e from line 1	3	11,987,435.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,987,435.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	18,857,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	150,000.	
e	Add lines 2a through 2d	2e	150,000.	
3	Subtract line 2e from line 1	3	18,707,143.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	18,707,143.	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT IS TO BE USED TO SUPPORT

OR EXPAND PROGRAMS THAT IMPACT K-12 STUDENTS, AND IF NECESSARY, FOR

GENERAL OPERATING EXPENSES.

PART X, LINE 2: THE SOCIETY BELIEVES THAT IT HAS APPROPRIATE SUPPORT

FOR ANY TAX POSITIONS TAKEN, AND THEREFORE DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. AT A MINIMUM, THE

SOCIETY'S FEDERAL AND STATE INCOME TAX RETURNS FOR 2009 THROUGH 2012 ARE

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT 150,000.

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

53-0196483

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	23,428.
EAST ASIA AND THE PACIFIC	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	296,323.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	156,421.
MIDDLE EAST AND NORTH AFRICA	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	186,698.
NORTH AMERICA	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	150,545.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	87,306.
SOUTH AMERICA	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	119,956.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	44,312.
<b>3 a</b> Sub-total .....	0	0			1,064,989.
<b>b</b> Total from continuation sheets to Part I .....	0	0			18,367.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,083,356.

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

Schedule F (Form 990) 2012



**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SUB SAHARAN AFRICA	0	0	AWARD PAYMENT AND HOUSING GRANTS TO ISEF PARTICIPANTS AND SPONSORING SCIENCE FAIRS.	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS.	18,367.
<b>Totals</b> .....					18,367.

**Part II** **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. Part II can be duplicated if additional 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)
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,399.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		16,819.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		8,289.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		8,377.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,379.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		24,148.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		27,608.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,374.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV

2 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 ..... 0

3 Enter total number of other organizations or entities ..... 65

Schedule F (Form 990) 2012

SEE PART V FOR COLUMN (H) DESCRIPTIONS

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Schedule F (Form 990)		SOCIETY FOR SCIENCE & THE PUBLIC			53-0196483			Page 2	
Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	8,798.	WIRE	50,816.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		16,184.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			CENTRAL AMERICA AND CARRIBEAN	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,000.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			CENTRAL AMERICA AND CARRIBEAN	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		7,129.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,053.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		10,815.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		18,303.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		7,091.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,513.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,812.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	3,799.	WIRE	6,151.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		24,809.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,226.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			SOUTH ASIA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	8,897.	WIRE	11,337.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,065.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	7,397.	WIRE	7,726.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,500.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		27,885.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV

Part I Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,308.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	4,599.	WIRE	8,351.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	8,087.	WIRE	0.		
			NORTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	5,801.	WIRE	0.		
			RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,688.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		11,180.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	4,399.	WIRE	3,463.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,476.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,519.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		15,175.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		SOUTH ASIA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,337.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		14,535.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		NORTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	4,427.	WIRE	32,917.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		16,466.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,351.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		SOUTH ASIA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,538.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		CENTRAL AMERICA AND CARRIBEAN	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,798.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,910.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		13,328.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		15,431.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,486.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,450.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,013.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		13,357.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		16,039.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,013.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
			MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		51,191.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.				



Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)										
Part II	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	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,513.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,662.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		6,113.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		9,984.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		8,411.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EUROPE	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		8,210.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	6,284.	WIRE	24,523.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,913.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV
				RUSSIA AND NEWLY INDEPENDENT STATES	HOUSING AND TRAVEL GRANTS FOR SCIENCE COMPETITION PARTICIPANTS	0.		5,834.	CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE	FMV



[illegible]

**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) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) 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 PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	EAST ASIA AND THE PACIFIC	59	56,551.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	EUROPE (INCLUDING ICELAND AND GREENLAND)	29	22,600.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	MIDDLE EAST AND NORTH AFRICA	14	9,500.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	NORTH AMERICA	19	101,400.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	RUSSIA AND THE NEWLY INDEPENDENT STATES	9	17,700.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	SOUTH AMERICA	19	5,734.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	SOUTH ASIA	9	10,200.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	SUB SAHARAN AFRICA	3	3,500.EFT		0.		
AWARD PAYMENTS FOR PARTICIPANTS AT INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR.	CENTRAL AMERICAN AND THE CARIBBEAN	1	1,500.EFT		0.		

Schedule F (Form 990) 2012

**Part 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2012

**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/TRAVEL 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 II, COLUMN (H):

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL PROVIDED FOR SSP SCIENCE COMPETITORS

**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.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: CENTRAL AMERICA AND CARRIBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: CENTRAL AMERICA AND CARRIBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

**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.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

**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.

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

**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.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.



**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.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: NORTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

**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.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: CENTRAL AMERICA AND CARRIBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

**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.

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL

PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

**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.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

**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.

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONFERENCE HOUSING AND TRAVEL  
PROVIDED FOR SSP SCIENCE COMPETITORS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**SOCIETY FOR SCIENCE & THE PUBLIC**

Employer identification number  
**53-0196483**

**Part I General Information on Grants and Assistance**

**1** 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 criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
JERICHO SENIOR HIGH SCHOOL 99 CEDAR SWAMP ROAD JERICHO, NY 11753	11-6002037		7,000.	0.			SCHOOL AWARDS
MONTGOMERY BLAIR HIGH SCHOOL 51 UNIVERSITY BLVD., E. SILVER SPRING, MD 20901	52-6000989		8,000.	0.			SCHOOL AWARDS
NORTH CAROLINA SCHOOL OF SCIENCE & MATHEMATICS - 1219 BROAD STREET, PO BOX 2418 - DURHAM, NC 27705	56-1425643		7,000.	0.			SCHOOL AWARDS
STUYVESANT HIGH SCHOOL 345 CHAMBERS STREET NEW YORK, NY 10282-1099	13-6608981		14,000.	0.			SCHOOL AWARDS
TEXAS ACADEMY OF MATH AND SCIENCE 1155 UNION CIRCLE, PO BOX 305309 DENTON, TX 76203	75-6002149		9,000.	0.			SCHOOL AWARDS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)



**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS FOR PARTICIPATION IN SSP SCIENCE EDUCATION COMPETITIONS	779	1,635,405.	0.		
OUTREACH GRANTS FOR FELLOWS PROGRAM	36	304,218.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATION RECIPIENTS ARE REQUIRED TO PROVIDE

A WRITTEN REQUEST DETAILING HOW THE FUNDS WILL BE USED. INDIVIDUAL

RECIPIENTS ARE PAID THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM

THE INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2012**

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

**Part I Questions Regarding Compensation**

**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.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> 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

**2** 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?

**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, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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.**

**5** 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?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** 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?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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

**8** 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012



**Part II** Supplemental Information

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 additional information.

PART I, LINE 1A: THE PRESIDENT IS PAID A TAX GROSS UP ON ADDITIONAL  
COMPENSATION PAID TO OFFSET 403(B) CONTRIBUTION LIMITS.

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

PART I, LINE 4A: TOM SIEGFRIED TERMINATED EMPLOYMENT WITH SSP IN AUGUST  
2012. HE RECEIVED A SEVERANCE PAYMENT OF \$23,298 AND CASHED OUT VACATION  
TIME WORTH \$10,806.

PART I, LINE 7: ELIZABETH MARINCOLA, PRESIDENT, RECEIVED A BONUS  
PAYMENT.

**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.

OMB No. 1545-0047

**2012**

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 REPOSES 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 IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

Name of the organization	Employer identification number
SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483

## WEB &amp; IT HOSTING:

PROGRAM SERVICE EXPENSES	40,894.
MANAGEMENT AND GENERAL EXPENSES	99,534.
FUNDRAISING EXPENSES	2,231.
TOTAL EXPENSES	142,659.

## AV PRODUCTION &amp; EXHIBIT SERVICES:

PROGRAM SERVICE EXPENSES	528,707.
MANAGEMENT AND GENERAL EXPENSES	973.
FUNDRAISING EXPENSES	1,043.
TOTAL EXPENSES	530,723.

## TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	46,703.
MANAGEMENT AND GENERAL EXPENSES	13,508.
FUNDRAISING EXPENSES	4,742.
TOTAL EXPENSES	64,953.

## MAGAZINE CONSULTANTS:

PROGRAM SERVICE EXPENSES	77,991.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,991.

## TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	35,869.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization

SOCIETY FOR SCIENCE &amp; THE PUBLIC

Employer identification number

53-0196483

TOTAL EXPENSES	35,869.
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## COPY EDITOR:

PROGRAM SERVICE EXPENSES	185,494.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	185,494.
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## FREELANCE WRITERS:

PROGRAM SERVICE EXPENSES	174,829.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	174,829.
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## SECURITY SERVICES:

PROGRAM SERVICE EXPENSES	81,029.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	81,029.
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## PR &amp; RECRUITMENT:

PROGRAM SERVICE EXPENSES	13,742.
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MANAGEMENT AND GENERAL EXPENSES	3,605.
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FUNDRAISING EXPENSES	2,351.
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TOTAL EXPENSES	19,698.
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## HONORARIUMS:

PROGRAM SERVICE EXPENSES	86,070.
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Name of the organization	SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number	53-0196483
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86,070.

## ENTERTAINMENT/TALENT SERVICES:

PROGRAM SERVICE EXPENSES	57,782.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,782.

## ADVERTISING:

PROGRAM SERVICE EXPENSES	58,970.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,970.

## OTHER SERVICES:

PROGRAM SERVICE EXPENSES	132,069.
MANAGEMENT AND GENERAL EXPENSES	118,665.
FUNDRAISING EXPENSES	24,323.
TOTAL EXPENSES	275,057.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,791,124.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT	-150,000.
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## FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM.

Name of the organization

SOCIETY FOR SCIENCE &amp; THE PUBLIC

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THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.