

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SOCIETY FOR SCIENCE & THE PUBLIC		D Employer identification number 53-0196483
	Doing business as		E Telephone number (202) 785-2255
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 24,853,970.
	1719 N STREET, NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: MAYA AJMERA SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I 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			
J Website: WWW.SOCIETYFORSCIENCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1921
M State of legal domicile: DE			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE PUBLIC UNDERSTANDING OF SCIENCE		
	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)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	113
	6 Total number of volunteers (estimate if necessary)	6	1900
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	244,902.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-89,642.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,287,695.	15,330,213.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,592,302.	4,488,339.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,057,089.	1,175,338.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,114.	123,502.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,117,200.	21,117,392.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,608,381.	4,621,772.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,811,409.	10,404,988.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	193,041.	251,497.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,925,153.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,013,300.	13,463,420.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,626,131.	28,741,677.	
19 Revenue less expenses. Subtract line 18 from line 12	-8,508,931.	-7,624,285.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	102,277,155.	93,486,645.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,178,998.	9,892,219.
22 Net assets or fund balances. Subtract line 21 from line 20	93,098,157.	83,594,426.	

Part II Signature Block

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		
	MAYA AJMERA, CHIEF EXECUTIVE OFFICER & PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH HELLER	Date 9/17/2019	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name TATE & TRYON	Firm's EIN 52-1855942	Phone no. 202-293-2200	
Firm's address 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number (EIN) or 53-0196483
	Number, street, and room or suite no. If a P.O. box, see instructions. 1719 N STREET, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **1719 N STREET, NW - WASHINGTON, DC 20036**
Telephone No. ▶ **(202)785-2255** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2018** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROMOTING THE UNDERSTANDING AND APPRECIATION OF SCIENCE AND THE VITAL ROLE IT PLAYS IN 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 16,054,425. including grants of \$ 4,312,939.) (Revenue \$ 1,045,104.) SCIENCE EDUCATION PROGRAMS - FOR DECADES, SOCIETY FOR SCIENCE & THE PUBLIC HAS OFFERED MANY OF THE MOST REVERED SCIENCE EDUCATION PROGRAMS IN THE WORLD: THE REGENERON SCIENCE TALENT SEARCH, THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR, AND BROADCOM MASTERS (MATH, APPLIED SCIENCE, TECHNOLOGY AND ENGINEERING FOR RISING STARS). THROUGH THESE PROGRAMS, WHICH ENCOURAGE INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNING, THE SOCIETY IS HELPING TO GROW THE PIPELINE OF STEM PROFESSIONALS BY EMPOWERING OUR FUTURE GENERATION OF TALENT AND NURTURING THE DESIRE WITHIN STUDENTS TO BECOME SCIENTISTS, ENGINEERS AND INVENTORS.

4b (Code:) (Expenses \$ 7,137,552. including grants of \$) (Revenue \$ 3,443,234.) SCIENCE NEWS - SINCE 1922, THE SOCIETY HAS PUBLISHED THE AWARD-WINNING SCIENCE NEWS (SN), AN IN-DEPTH, TRUSTWORTHY, AND HIGH-QUALITY SOURCE OF SCIENCE JOURNALISM. THE SCIENCE NEWS MEDIA GROUP OFFERS READERS CONCISE AND COMPREHENSIVE EDITORIAL CONTENT, INFORMATIVE IMAGERY, A BLOG NETWORK, EDUCATIONAL PRODUCTS AND ACCESS TO ARCHIVES GOING BACK TO 1924. THIS INCLUDES SCIENCE NEWS FOR STUDENTS (SNS), LAUNCHED IN 2003 AS A YOUTH EDITION AND COMPANION TO SN. SNS IS AN AWARD-WINNING, FREE DIGITAL RESOURCE SERVING STUDENTS, PARENTS AND TEACHERS, SN HAS NEARLY 120,000 SUBSCRIBERS, MORE THAN 10 MILLION UNIQUE WEBSITE VISITORS DURING THE PAST YEAR, 2.7 MILLION FACEBOOK FANS AND 2.7 MILLION TWITTER FOLLOWERS. ADDITIONALLY, THROUGH THE SCIENCE NEWS FOR HIGH SCHOOLS (SNHS) PROGRAM SCIENCE NEWS IS PROVIDED IN PRINT AND DIGITALLY TO 4,800

4c (Code:) (Expenses \$ 1,957,781. including grants of \$ 308,833.) (Revenue \$) OUTREACH - THE SOCIETY EXPANDED ITS WORK TO ENSURE THAT MORE YOUNG PEOPLE, REGARDLESS OF THEIR RESOURCES, CAN ACCESS THE SOCIETY'S SCIENTIFIC JOURNALISM AND EXPERIENCE THE BENEFITS OF SCIENCE RESEARCH COMPETITIONS. THROUGH THE STEM RESEARCH GRANT PROGRAM WE ARE PROVIDING TEACHERS ACROSS THE NATION WITH MORE RESOURCES FOR THEIR CLASSROOM. THROUGH THE ADVOCATE GRANT PROGRAM, WE ARE PROVIDING EDUCATORS WITH THE RESOURCES THEY NEED TO HELP UNDERSERVED STUDENTS PARTICIPATE IN SCIENCE RESEARCH COMPETITIONS, AND THROUGH THE STEM ACTION GRANT PROGRAM, WE ARE PROVIDING FUNDING TO INNOVATIVE NONPROFITS THAT PROMOTE STEM EDUCATION. IN ADDITION, THE SOCIETY ALUMNI COMMUNITY IS A GLOBAL NETWORK OF MORE THAN 70,000 DISTINGUISHED ALUMNI WHO HAVE PARTICIPATED IN ONE OR MORE OF THE SOCIETY'S COMPETITIONS AND HAVE GONE ON TO BECOME

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,149,758.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 852	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included in line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 16b 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, CA, CO, CT, DC, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. [X] Own website [] Another's website [X] 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, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (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 or note to any line 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			
(1) H. ROBERT HORVITZ CHAIR	3.00	X		X				0.	0.	0.
(2) ROBERT W. SHAW, JR. TREASURER (UNTIL OCT 18)	3.00	X		X				0.	0.	0.
(3) PAUL J. MADDON SECRETARY	3.00	X		X				0.	0.	0.
(4) MARY SUE COLEMAN VICE CHAIR	3.00	X		X				0.	0.	0.
(5) HAYLEY BAY BARNA TREASURER	3.00	X		X				0.	0.	0.
(6) CRAIG R. BARRETT TRUSTEE	3.00	X						0.	0.	0.
(7) CHRISTY BURTON TRUSTEE	3.00	X						0.	0.	0.
(8) MARTIN CHALFIE TRUSTEE	3.00	X						0.	0.	0.
(9) TESSA M. HILL TRUSTEE	3.00	X						0.	0.	0.
(10) ALAN LESHNER AT-LARGE	3.00	X						0.	0.	0.
(11) TOM LEIGHTON TRUSTEE	3.00	X						0.	0.	0.
(12) STEPHANIE PACE MARSHALL TRUSTEE (UNTIL OCT 2018)	3.00	X						0.	0.	0.
(13) SEAN B. CARROLL TRUSTEE (UNTIL OCT 2018)	3.00	X						0.	0.	0.
(14) SCOTT A. MCGREGOR TRUSTEE	3.00	X						0.	0.	0.
(15) JOE PALCA TRUSTEE	3.00	X						0.	0.	0.
(16) FENG ZHANG TRUSTEE	3.00	X						0.	0.	0.
(17) GIDEON YU TRUSTEE (AS OF OCT 18)	3.00	X						0.	0.	0.

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			
(18) DIANNE K. NEWMAN TRUSTEE (AS OF OCT 18)	3.00	X						0.	0.	0.
(19) W.E. MOERNER TRUSTEE (AS OF OCT 18)	3.00	X						0.	0.	0.
(20) MAYA AJMERA PRESIDENT & CEO	37.50			X				392,549.	0.	54,352.
(21) CHARLES FEENEY CFO (UNTIL FEB 2018)	37.50			X				36,926.	0.	7,525.
(22) DANIEL REZNIKOV CFO (AS OF JULY 2018)	37.50			X				97,200.	0.	9,692.
(23) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	37.50				X			188,724.	0.	26,510.
(24) BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	37.50				X			197,893.	0.	34,141.
(25) KATHLENE COLLINS CHIEF MARKETING OFFICER	37.50				X			176,754.	0.	43,286.
(26) NANCY SHUTE EDITOR IN CHIEF	37.50				X			176,086.	0.	15,205.
1b Sub-total								1,266,132.	0.	190,711.
c Total from continuation sheets to Part VII, Section A								880,834.	0.	178,432.
d Total (add lines 1b and 1c)								2,146,966.	0.	369,143.

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 **24**

	Yes	No
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	X
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	X
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	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
QUAD/GRAPHICS, INC N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	MANUFACTURING	772,488.
LEVY RESTAURANT, 1500 SOUTH CAPITOL ST SE, WASHINGTON, DC 20003	FOOD SERVICE	700,617.
LIVE MARKETING INC., 518 DAVIS STREET, SUITE #201, EVANSTON, IL 60201	EVENT PRODUCTION	543,996.
GLOBAL EXPERIENCE SPECIALISTS INC. PO BOX 96174, CHICAGO, IL 60693	EXPO/SHOW SERVICES	461,837.
ARAMARK SPORTS & ENTERTAINMENT 500 ART ROONEY AVENUE, PITTSBURGH, PA 15212	CATERING	402,278.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 693.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 53,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,276,520.				
	g Noncash contributions included in lines 1a-1f: \$	16,795.				
	h Total. Add lines 1a-1f	▶ 15,330,213.				
	Program Service Revenue	2 a SCIENCE NEWS	Business Code 511120	3,198,333.	3,198,333.	
b SCIENCE EDUCATION PROGRAMS		611710	1,045,104.	1,045,104.		
c SCIENCE NEWS ADVERTISING		541800	244,902.	244,902.		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 4,488,339.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 887,190.			887,190.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 114,933.			114,933.	
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	3,736,578.			
		c Gain or (loss)	288,148.			
	d Net gain or (loss)	▶ 288,148.			288,148.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a LIST RENTAL	900099	8,569.			8,569.	
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 8,569.				
12 Total revenue. See instructions	▶ 21,117,392.	4,243,437.	244,902.	1,298,840.		

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 or note to any line in this Part IX X

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 domestic organizations and domestic governments. See Part IV, line 21 ...	603,000.	603,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,206,851.	3,206,851.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	811,921.	811,921.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,659,709.	1,207,121.	294,403.	158,185.
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	6,799,326.	4,945,208.	1,206,081.	648,037.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	727,415.	529,054.	129,031.	69,330.
9 Other employee benefits	632,147.	459,766.	112,132.	60,249.
10 Payroll taxes	586,391.	426,487.	104,016.	55,888.
11 Fees for services (non-employees):				
a Management				
b Legal	129,883.	93,860.	32,633.	3,390.
c Accounting	125,208.		125,208.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	251,497.			251,497.
f Investment management fees	125,541.		125,541.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,455,644.	3,145,818.	306,382.	3,444.
12 Advertising and promotion	396,320.	318,026.	17,645.	60,649.
13 Office expenses	2,651,667.	2,182,169.	145,996.	323,502.
14 Information technology	1,359,377.	974,582.	317,055.	67,740.
15 Royalties				
16 Occupancy	665,442.	111,533.	553,909.	
17 Travel	1,765,125.	1,677,449.	43,699.	43,977.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,288,206.	2,257,561.	21,516.	9,129.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,384.	113,667.	7,717.	
23 Insurance	143,408.	51,617.	91,791.	
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	132,522.		132,522.	
b REGISTRATION/OTHER FEES	71,992.	50,733.	9,318.	11,941.
c BAD DEBTS	31,701.		31,701.	
d OVERHEAD ALLOCATION	0.	1,983,335.	-2,141,530.	158,195.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,741,677.	25,149,758.	1,666,766.	1,925,153.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,632,117.	1	4,559,322.
	2 Savings and temporary cash investments	2,747,742.	2	3,001,625.
	3 Pledges and grants receivable, net	67,694,362.	3	59,779,712.
	4 Accounts receivable, net	212,934.	4	207,672.
	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		8	
	9 Prepaid expenses and deferred charges	706,380.	9	669,547.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,649,543.		
	b Less: accumulated depreciation	10b 3,618,197.	152,730.	10c 31,346.
	11 Investments - publicly traded securities	27,130,890.	11	25,237,421.
	12 Investments - other securities. See Part IV, line 11		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 Total assets. Add lines 1 through 15 (must equal line 34)	102,277,155.	16	93,486,645.	
Liabilities	17 Accounts payable and accrued expenses	996,223.	17	903,382.
	18 Grants payable	99,000.	18	127,000.
	19 Deferred revenue	3,285,630.	19	3,528,074.
	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	4,798,145.	25	5,333,763.
	26 Total liabilities. Add lines 17 through 25	9,178,998.	26	9,892,219.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,564,904.	27	13,833,505.
	28 Temporarily restricted net assets	76,164,771.	28	68,155,341.
	29 Permanently restricted net assets	1,368,482.	29	1,605,580.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	93,098,157.	33	83,594,426.	
34 Total liabilities and net assets/fund balances	102,277,155.	34	93,486,645.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,117,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,741,677.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,624,285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,098,157.
5	Net unrealized gains (losses) on investments	5	-2,264,240.
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	384,794.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,594,426.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 (2018)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1193883.	11091117.	1708056.	2436441.	2684860.	19114357.
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	5127123.	4845395.	4656770.	4343295.	4243437.	23216020.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6321006.	15936512.	6364826.	6779736.	6928297.	42330377.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	651,682.	9571315.	466,927.	803,275.	793,500.	12286699.
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	651,682.	9571315.	466,927.	803,275.	793,500.	12286699.
8 Public support. (Subtract line 7c from line 6.)						30043678.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	6321006.	15936512.	6364826.	6779736.	6928297.	42330377.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	746,614.	911,401.	949,370.	976,772.	1002123.	4586280.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	746,614.	911,401.	949,370.	976,772.	1002123.	4586280.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	157,425.	49,903.	38,741.	32,951.	8,569.	287,589.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7225045.	16897816.	7352937.	7789459.	7938989.	47204246.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	63.65 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	64.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	9.72 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	9.09 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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 A, PART III:

THE ORGANIZATION RECEIVED UNUSUAL GRANTS AS FOLLOWS:

2014 - \$6,827,376

2015 - \$1,381,805

2016 - \$50,893,279

2017 - \$11,851,254

2018 - \$12,645,353

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

OMB No. 1545-0047

2018

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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>1</u>	 <hr/> <hr/> <hr/>	\$ <u>12,289,193.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
7	 <hr/> <hr/> <hr/>	\$ <u>356,160.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>9,548.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>280,020.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>210,312.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>120,358.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 97,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 138,050.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 63,411.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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	 <hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
31	<hr/> <hr/> <hr/>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 11,008.	Person <input type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,787.	Person <input type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
37	<hr/> <hr/> <hr/>	\$ <u>12,466.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>10,001.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
43	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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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
49	_____ _____ _____	\$ <u>7,573.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
55	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
61	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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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
32	300 SHS APPLIED MATERIALS INC & 25 SHS CISCO SYSTEMS INC	\$ 11,008.	10/30/18
33	484 SHS VANGUARD TOTAL BOND MKT INDEX FD ADMIRAL CL	\$ 5,787.	12/20/18
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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" on 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	1,368,482.	1,032,904.	1,007,424.	1,016,591.	1,005,658.
b Contributions	250,000.	300,000.		5,784.	11,408.
c Net investment earnings, gains, and losses	-48,595.	116,228.	45,380.	-14,951.	23,178.
d Grants or scholarships					
e Other expenditures for facilities and programs	-35,693.	80,650.	19,900.		23,653.
f Administrative expenses					
g End of year balance	1,605,580.	1,368,482.	1,032,904.	1,007,424.	1,016,591.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment .00 %
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		1,521,182.	1,519,996.	1,186.
c Leasehold improvements				
d Equipment		552,923.	556,538.	-3,615.
e Other		1,548,492.	1,541,663.	6,829.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,346.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AWARDS PAYABLE	3,623,033.
(3) ACCRUED POSTRETIREMENT LIABILITY	1,684,999.
(4) DEFERRED LEASE LIABILITY	25,731.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,333,763.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,447,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,264,240.
b	Donated services and use of facilities	2b	720,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,544,240.
3	Subtract line 2e from line 1	3	20,991,851.
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	125,541.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	125,541.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,117,392.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	28,951,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	720,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-384,794.
e	Add lines 2a through 2d	2e	335,206.
3	Subtract line 2e from line 1	3	28,616,136.
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	125,541.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	125,541.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,741,677.

Part XIII Supplemental Information.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT -384,794.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	30,306.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	311,479.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	178,765.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	91,861.
NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	7,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	74,679.
SOUTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	57,907.
SOUTH ASIA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	34,971.
3 a Subtotal	0	0			786,968.
b Total from continuation sheets to Part I	0	0			24,954.
c Totals (add lines 3a and 3b)	0	0			811,922.

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

Schedule F (Form 990) 2018

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	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	24,954.
Totals					24,954.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	33,651.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	21,721.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	18,794.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	18,712.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	16,785.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	15,969.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	13,390.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,923.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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 **58**

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)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,618.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,942.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,148.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,141.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,527.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,301.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,136.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,960.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,561.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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 - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,305.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,216.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,014.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,737.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,590.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,310.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,182.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,179.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,170.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,117.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,084.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,046.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,042.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,790.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,772.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,747.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,609.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,535.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,408.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,255.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,198.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,115.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,939.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,908.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,889.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,819.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,819.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,777.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,575.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,535.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,436.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,415.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,315.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,278.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,175.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,055.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	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 (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,035.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,029.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,019.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,018.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,015.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ISEF AWARD	CENTRAL AMERICA AND THE CARIBBEAN	2	1,000.	EFT	0.		
ISEF AWARD	EAST ASIA AND THE PACIFIC	75	133,500.	EFT	0.		
ISEF AWARD	EUROPE (INCLUDING ICELAND & GREENLAND)	35	36,000.	EFT	0.		
ISEF AWARD	MIDDLE EAST AND NORTH AFRICA	11	8,000.	EFT	0.		
ISEF AWARD	NORTH AMERICA	11	7,000.	EFT	0.		
ISEF AWARD	RUSSIA AND NEIGHBORING STATES	13	10,000.	EFT	0.		
ISEF AWARD	SOUTH AMERICA	7	4,000.	EFT	0.		
ISEF AWARD	SOUTH ASIA	10	6,500.	EFT	0.		
ISEF AWARD	SUB-SAHARAN AFRICA	5	3,000.	EFT	0.		

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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. See instructions.

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 AWARD.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AVALON - 805 15TH ST, NW, STE 700, WASHINGTON, DC 20005	CONSULTING		X	977,127.	203,010.	774,117.
CAMPBELL CONSULTING - ONE EAST WACKER DRIVE, STE 2100, THE STELTER CO - 10435 NEW YORK AVE, DES MOINES, IA	CONSULTING		X	723,456.	154,956.	568,500.
	CONSULTING		X	20,500.	5,500.	15,000.
Total				1,721,083.	363,466.	1,357,617.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAMPBELL CONSULTING

(I) ADDRESS OF FUNDRAISER:

ONE EAST WACKER DRIVE, STE 2100, CHICAGO, IL 60601

(I) NAME OF FUNDRAISER: THE STELTER CO

(I) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVE, DES MOINES, IA 50322

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVE. HACKENSACK, NJ 07601	22-6002432	501C3	22,000.	0.			SCIENCE COMPETITION AWARD
BRONX HIGH SCHOOL OF SCIENCE 75 W. 205TH ST. BRONX, NY 10468	13-6400434	501C3	34,000.	0.			SCIENCE COMPETITION AWARD
BYRAM HILLS HIGH SCHOOL 10 TRIPP LANE ARMONK, NY 10504	13-6007152	501C3	10,000.	0.			SCIENCE COMPETITION AWARD
CANYON CREST ACADEMY 5951 VILLAGE CENTER LOOP ROAD SAN DIEGO, CA 92130	03-0542702	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
CENTENNIAL HIGH SCHOOL 4300 CENTENNIAL LANE ELLCOTT CITY, MD 21042	52-6000968	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
GREENWICH HIGH SCHOOL 10 HILLSIDE RD. GREENWICH, CT 06830	06-6002006	501C3	8,000.	0.			SCIENCE COMPETITION AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **21.**

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) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTER COLLEGE HIGH SCHOOL 71 EAST 94TH ST NEW YORK, NY 10128	13-6001027	501C3	10,000.	0.			SCIENCE COMPETITION AWARD
JERICHO SENIOR HIGH SCHOOL 99 CEDAR SWAMP RD. JERICHO, NY 11753	11-6002037	501C3	22,000.	0.			SCIENCE COMPETITION AWARD
JOHN L. MILLER GREAT NECK NORTH HIGH SCHOOL - 35 POLO ROAD - GREAT NECK, NY 11023	11-6002011	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
KEYSTONE SCHOOL 119 E. CRAIG PLACE SAN ANTONIO, TX 78212	74-1193337	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
LEXINGTON HIGH SCHOOL 1625 MASSACHUSETTS AVE. LEXINGTON, MA 02420	04-6001200	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
LYNBROOK HIGH SCHOOL 1280 JOHNSON AVENUE SAN JOSE, CA 95129	77-0363503	501C3	12,000.	0.			SCIENCE COMPETITION AWARD
MONTGOMERY BLAIR HIGH SCHOOL 850 HUNGERFORD DRIVE ROCKVILLE, MD 20850	52-6000989	501C3	22,000.	0.			SCIENCE COMPETITION AWARD
NORTH CAROLINA SCHOOL OF SCIENCE AND MATH - 1219 BROAD STREET - DURHAM, NC 27705	56-1250756	501C3	14,000.	0.			SCIENCE COMPETITION AWARD
OSSINING HIGH SCHOOL 29 SOUTH HIGHLAND AVENUE OSSINING, NY 10562	13-6007160	501C3	8,000.	0.			SCIENCE COMPETITION AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITHTOWN HIGH SCHOOL EAST 10 SCHOOL ST. ST. JAMES, NY 11780	11-6003110	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
STUYVESANT HIGH SCHOOL 345 CHAMBERS STREET NEW YORK, NY 10282	69-0210637	501C3	8,000.	0.			SCIENCE COMPETITION AWARD
TEXAS ACADEMY OF MATHEMATICS AND SCIENCE - 1155 UNION CIRCLE, PO BOX #305309 - DENTON, TX 76203-5309	75-6002149	501C3	10,000.	0.			SCIENCE COMPETITION AWARD
THE HARKER SCHOOL 4525 UNION AVENUE SAN JOSE, CA 95124	94-1613808	501C3	12,000.	0.			SCIENCE COMPETITION AWARD
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY - 6560 BRADDOCK ROAD - ALEXANDRIA, VA 22312	54-0805373	501C3	14,000.	0.			SCIENCE COMPETITION AWARD
WILLIAM A. SHINE GREAT NECK SOUTH HIGH SCHOOL - 341 LAKEVILLE ROAD - GREAT NECK, NY 11020	11-6002011	501C3	8,000.	0.			SCIENCE COMPETITION AWARD

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
STEM ACTION AND RESEARCH GRANTS	33	133,000.	0.		
AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	50	164,000.	0.		
AWARDS FOR PARTICIPANTS IN SSP SCIENCE EDUCATION COMPETITIONS	1276	2,909,851.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 on 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 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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" on 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) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAYA AJMERA PRESIDENT & CEO	(i)	325,232.	55,000.	12,317.	27,500.	27,582.	447,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	(i)	181,801.	5,000.	1,923.	18,334.	8,696.	215,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	(i)	180,872.	12,500.	4,521.	18,746.	16,990.	233,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHLENE COLLINS CHIEF MARKETING OFFICER	(i)	172,760.	2,000.	1,994.	17,860.	25,946.	220,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NANCY SHUTE EDITOR IN CHIEF	(i)	173,590.	0.	2,496.	15,205.	0.	191,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES MOORE CHIEF IT OFFICER	(i)	152,748.	2,500.	1,059.	16,000.	25,372.	197,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAYLE KANSAGOR CHIEF COMMUNICATIONS OFFICER	(i)	165,755.	10,000.	992.	17,000.	14,648.	208,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAIT GOLDBERG CHIEF, EVENTS & OPERATIONS	(i)	140,874.	4,000.	1,882.	14,626.	15,798.	177,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JANET RALOFF EDITOR	(i)	129,738.	0.	3,947.	13,636.	12,232.	159,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD MAXWELL DIRECTOR OF FINANCE	(i)	116,772.	15,000.	1,774.	12,558.	26,946.	173,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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 ORGANIZATION REIMBURSES HEALTH CLUB DUES FOR EMPLOYEES. THE BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS.

PART I, LINE 7:

THE ORGANIZATION AWARDED BONUSES TO SEVERAL EMPLOYEES REPORTED IN PART VII, SECTION A.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOLS THROUGH GRANT AND CONTRIBUTION FUNDING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NOBEL LAUREATES, ACADEMICS, SCHOLARS, ENTREPRENEURS, AND TRAILBLAZERS
IN MANY STEM AND BUSINESS FIELDS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIR OF THE BOARD, THE VICE
CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE COMMITTEE ON
TRUSTEES, AND ONE OTHER TRUSTEE, WHO SHALL BE ELECTED AT THE ANNUAL MEETING
TO SERVE FOR A TERM OF ONE YEAR OR UNTIL REPLACED. THE CHAIR OF THE BOARD
SHALL SERVE AS COMMITTEE CHAIR. THE COMMITTEE SHALL MEET AT THE CALL OF ITS
CHAIR OR UPON THE REQUEST OF TWO MEMBERS. THE EXECUTIVE COMMITTEE IS
AUTHORIZED TO EXERCISE ALL THE POWERS OF THE BOARD, EXCEPTING THE POWER TO
AMEND THE BYLAWS, WHILE THE BOARD IS NOT IN SESSION.

FORM 990, PART VI, SECTION B, LINE 11B:

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
FILLING OUT A FORM RESPONDING TO THIS INQUIRY. THESE REPOSSES ARE REVIEWED

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

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

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

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, WHICH IS INDEPENDENT AND HAS ITS DELIBERATIONS AND DECISIONS DOCUMENTED. SSP HIRED AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT TO BENCHMARK SALARIES FOR EACH ORGANIZATIONAL POSITION. THIS DATA WAS PROVIDED TO THE EXECUTIVE COMMITTEE AND CONSIDERED WHEN MAKING THE 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, 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, HI

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:

AV PRODUCTION AND EXHIBIT SERVICES:

PROGRAM SERVICE EXPENSES	1,096,493.
MANAGEMENT AND GENERAL EXPENSES	4,766.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,101,259.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	10,506.
MANAGEMENT AND GENERAL EXPENSES	138,714.

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

FUNDRAISING EXPENSES	2,366.
TOTAL EXPENSES	151,586.

MAGAZINE CONSULTANTS:

PROGRAM SERVICE EXPENSES	81,839.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	709.
TOTAL EXPENSES	82,548.

TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	19,608.
MANAGEMENT AND GENERAL EXPENSES	69.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,677.

COPY EDITOR:

PROGRAM SERVICE EXPENSES	59,797.
MANAGEMENT AND GENERAL EXPENSES	600.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,397.

FREELANCE WRITERS:

PROGRAM SERVICE EXPENSES	276,994.
MANAGEMENT AND GENERAL EXPENSES	1,396.
FUNDRAISING EXPENSES	2,750.
TOTAL EXPENSES	281,140.

SECURITY SERVICES:

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

PROGRAM SERVICE EXPENSES	211,381.
MANAGEMENT AND GENERAL EXPENSES	1,755.
FUNDRAISING EXPENSES	273.
TOTAL EXPENSES	213,409.

PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES	496,461.
MANAGEMENT AND GENERAL EXPENSES	28,596.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	525,057.

RECRUITMENT:

PROGRAM SERVICE EXPENSES	1,286.
MANAGEMENT AND GENERAL EXPENSES	109,420.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	110,706.

HONORARIA:

PROGRAM SERVICE EXPENSES	273,015.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	273,015.

ENTERTAINMENT/TALENT SERVICES:

PROGRAM SERVICE EXPENSES	182,272.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	94.
TOTAL EXPENSES	182,366.

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

HR CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,208.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,208.

FREELANCE PHOTOGRAPHERS:

PROGRAM SERVICE EXPENSES	51,982.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,982.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	384,184.
MANAGEMENT AND GENERAL EXPENSES	8,858.
FUNDRAISING EXPENSES	-2,748.
TOTAL EXPENSES	390,294.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,455,644.

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

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT	384,794.
---	----------

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM.
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed		Name of organization (Check box if name changed and see instructions.) SOCIETY FOR SCIENCE & THE PUBLIC	D Employer identification number (Employees' trust, see instructions.) 53-0196483
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1719 N STREET, NW	E Unrelated business activity code (See instructions.) 541800
		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	

C Book value of all assets at end of year 93,486,645.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust
--	--	---

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **(202) 785-2255**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	244,902.	395,457.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	244,902.	395,457.
				-150,555.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		250.
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28	SEE STATEMENT 1	
29	Total deductions. Add lines 14 through 28	29		2,860.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		3,110.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		-153,665.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here section containing a declaration of truth and a signature line for the Chief Executive Officer & President.

Paid Preparer Use Only section containing fields for preparer name (ELIZABETH HELLER), firm name (TATE & TRYON), address, date, and EIN.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number (EIN) or 53-0196483
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1719 N STREET, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **1719 N STREET, NW - WASHINGTON, DC 20036**
Telephone No. ▶ **(202)785-2255** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SCIENCE NEWS	244,902.	395,457.	-150,555.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	244,902.	395,457.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEE

2,860.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,860.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	381,054.	42,955.	338,099.	338,099.
12/31/10	273,425.	0.	273,425.	273,425.
12/31/11	187,718.	0.	187,718.	187,718.
12/31/12	211,972.	0.	211,972.	211,972.
12/31/14	40,420.	0.	40,420.	40,420.
12/31/15	103,750.	0.	103,750.	103,750.
12/31/16	125,217.	0.	125,217.	125,217.
12/31/17	138,443.	0.	138,443.	138,443.
NOL CARRYOVER AVAILABLE THIS YEAR			1,419,044.	1,419,044.