

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b> Doing business as	<b>D</b> Employer identification number <b>53-0196483</b>
Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number <b>202-785-2255</b>
Name change	<b>1719 N ST NW</b>	<b>G</b> Gross receipts \$ <b>33,095,351.</b>
Initial return	City or town, state or province, country, and ZIP or foreign postal code	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
Final return/terminated	<b>WASHINGTON, DC 20036</b>	<b>H(b)</b> Are all subordinates included? Yes No
Amended return	<b>F</b> Name and address of principal officer: <b>MAYA AJMERA</b> <b>SAME AS C ABOVE</b>	If "No," attach a list. (see instructions)
Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.SOCIETYFORSCIENCE.ORG</b>		<b>L</b> Year of formation: <b>1921</b> <b>M</b> State of legal domicile: <b>DE</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		

Part I Summary		Prior Year	Current Year
	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE PUBLIC UNDERSTANDING OF SCIENCE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	5	136
	6 Total number of volunteers (estimate if necessary) .....	6	1900
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	266,576.
	b Net unrelated business taxable income from Form 990-T, line 39 .....	7b	-106,327.
	Revenue	8 Contributions and grants (Part VIII, line 1h) .....	15,330,213.
9 Program service revenue (Part VIII, line 2g) .....		4,488,339.	4,500,920.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		1,175,338.	1,350,803.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		123,502.	148,407.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		21,117,392.	26,195,283.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	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) .....	10,404,988.	11,165,566.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	251,497.	298,944.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,948,816.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	13,463,420.	12,170,518.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	28,741,677.	29,030,298.
19 Revenue less expenses. Subtract line 18 from line 12 .....	-7,624,285.	-2,835,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	Beginning of Current Year 93,486,645.	End of Year 95,172,910.
	21 Total liabilities (Part X, line 26) .....	9,892,219.	12,175,787.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	83,594,426.	82,997,123.

**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.

<b>Sign Here</b>	Signature of officer <b>MAYA AJMERA, CHIEF EXECUTIVE OFFICER &amp; PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH W. HELLER</b>	Preparer's signature <i>Elizabeth Heller</i>
	Firm's name ▶ <b>RSM US LLP</b>	Date <b>9/28/2020</b>
	Firm's address ▶ <b>2021 L STREET NW #400 WASHINGTON, DC 20036</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00397829</b>
		Firm's EIN ▶ <b>42-0714325</b>
		Phone no. <b>202-293-2200</b>

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

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**SOCIETY FOR SCIENCE AND THE PUBLIC**

**53-0196483**

Name and title of officer

**MAYA AJMERA**

**CHIEF EXECUTIVE OFFICER & PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

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

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>26,195,283.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize RSM US LLP to enter my PIN 20036  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Maya Ajmera Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

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

**7810462002**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Elizaveta Allen Date ▶ 9/9/2020

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

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b>	Taxpayer identification number (TIN) <b>53-0196483</b>
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. <b>1719 N ST NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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? [X] Yes [ ] 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 \$ 15,402,873. including grants of \$ 4,991,770. ) (Revenue \$ 1,056,004. ) 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 GROWN 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 \$ 7,479,934. including grants of \$ ) (Revenue \$ 3,444,916. ) 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 WITH OVER 9.5 MILLION UNIQUE PAGEVIEWS. SN HAS NEARLY 118,000 SUBSCRIBERS, MORE THAN 31 MILLION UNIQUE PAGEVIEWS THE PAST YEAR, 3.7 MILLION FACEBOOK FANS AND 3.1 MILLION TWITTER FOLLOWERS.

4c (Code: ) (Expenses \$ 2,290,515. including grants of \$ 403,500. ) (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 SCIENCE NEWS IN HIGH SCHOOLS AND 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.

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

4e Total program service expenses 25,173,322.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

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

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

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 784	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 136		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b> X	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b> X	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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 on 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... 15; 1b Enter the number of voting members included on line 1a... 15; 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 on 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 on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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) MARY SUE COLEMAN CHAIR	3.00	X		X				0.	0.	0.
(2) MARTIN CHALFIE VICE CHAIR	3.00	X		X				0.	0.	0.
(3) HAYLEY BAY BARNABY TREASURER	3.00	X		X				0.	0.	0.
(4) PAUL J. MADDON SECRETARY	3.00	X		X				0.	0.	0.
(5) CRAIG R. BARRETT TRUSTEE	3.00	X						0.	0.	0.
(6) CHRISTINE BURTON EXEC COMMITTEE, AT-LARGE	3.00	X						0.	0.	0.
(7) LAURA HELMUTH TRUSTEE (AS OF MARCH 19)	3.00	X						0.	0.	0.
(8) TESSA M. HILL TRUSTEE	3.00	X						0.	0.	0.
(9) H. ROBERT HORVITZ TRUSTEE (THRU OCT 19)	3.00	X						0.	0.	0.
(10) TOM LEIGHTON TRUSTEE	3.00	X						0.	0.	0.
(11) ALAN LESHNER TRUSTEE	3.00	X						0.	0.	0.
(12) SCOTT A. MCGREGOR TRUSTEE (THRU OCT 19)	3.00	X						0.	0.	0.
(13) W. E. (WILLIAM E.) MOERNER TRUSTEE	3.00	X						0.	0.	0.
(14) DIANNE K. NEWMAN TRUSTEE	3.00	X						0.	0.	0.
(15) JOE PALCA TRUSTEE (THRU OCT 19)	3.00	X						0.	0.	0.
(16) THOMAS ROSENBAUM TRUSTEE (AS OF OCT 19)	3.00	X						0.	0.	0.
(17) GIDEON YU TRUSTEE	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) FENG ZHANG TRUSTEE	3.00	X					0.	0.	0.	
(19) MAYA AJMERA PRESIDENT & CEO	37.50			X			385,458.	0.	50,621.	
(20) DANIEL REZNIKOV CHIEF FINANCIAL OFFICER	37.50			X			238,807.	0.	26,700.	
(21) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	37.50			X			197,192.	0.	27,659.	
(22) BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	37.50			X			193,102.	0.	29,854.	
(23) KATHLENE COLLINS CHIEF MARKETING OFFICER	37.50			X			175,156.	0.	40,712.	
(24) NANCY SHUTE EDITOR IN CHIEF	37.50			X			215,605.	0.	20,600.	
(25) JAMES MOORE CHIEF IT OFFICER	37.50			X			165,275.	0.	29,886.	
(26) CAITLIN GOLDBERG CHIEF OF EVENTS AND OPERATIONS	37.50			X			154,945.	0.	26,467.	
<b>1b Subtotal</b>							1,725,540.	0.	252,499.	
<b>c Total from continuation sheets to Part VII, Section A</b>							718,833.	0.	119,297.	
<b>d Total (add lines 1b and 1c)</b>							2,444,373.	0.	371,796.	

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 **29**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
RMRK LLC 10 SW ASH STREET, PORTLAND, OR 97204	EVENT PLANNING	839,060.
QUAD/GRAPHICS, INC N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	MANUFACTURING	758,992.
AVENTURA CATERING 100 NORTH 3RD STREET, PHOENIX, AZ 85004	CATERING	745,182.
DANIEL J EDELMAN, INC. 21992 NETWORK PLACE, CHICAGO, IL 60673	MARKETING/CONSULTING	419,976.
GLOBAL EXPERIENCE SPECIALISTS INC. PO BOX 96174, CHICAGO, IL 60693	EXHIBITION SERVICES	400,817.

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 **16**

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	484,327.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	19,710,826.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 61,096.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		20,195,153.			
Program Service Revenue	<b>2 a</b>	SCIENCE NEWS	Business Code 511120	3,178,340.	3,178,340.		
	<b>b</b>	SCIENCE EDUCATION PROGRAMS	611710	1,056,004.	1,056,004.		
	<b>c</b>	SCIENCE NEWS ADVERTISING	541800	266,576.		266,576.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		4,500,920.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		922,779.		922,779.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		133,136.		133,136.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				7,328,092.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	6,900,068.			
<b>c</b>	Gain or (loss)	<b>7c</b>	428,024.				
<b>d</b>	Net gain or (loss)		428,024.		428,024.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	LIST RENTAL	Business Code 900099	15,271.		15,271.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		15,271.			
<b>12</b>	<b>Total revenue.</b> See instructions		26,195,283.	4,234,344.	266,576.	1,499,210.	

**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

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	679,694.	679,694.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,942,448.	3,942,448.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	773,128.	773,128.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,981,860.	1,612,756.	212,633.	156,471.
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	6,963,164.	5,666,337.	747,075.	549,752.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	661,266.	538,111.	70,947.	52,208.
9 Other employee benefits	913,671.	743,508.	98,027.	72,136.
10 Payroll taxes	645,605.	525,367.	69,267.	50,971.
11 Fees for services (nonemployees):				
a Management				
b Legal	87,578.	76,989.	3,625.	6,964.
c Accounting	68,051.	59,823.	2,817.	5,411.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	298,944.			298,944.
f Investment management fees	133,298.		133,298.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,348,758.	3,110,443.	238,315.	
12 Advertising and promotion	406,228.	331,653.		74,575.
13 Office expenses	2,724,403.	2,248,635.	34,939.	440,829.
14 Information technology	1,538,280.	1,282,609.	119,549.	136,122.
15 Royalties				
16 Occupancy	641,889.	551,719.	40,307.	49,863.
17 Travel	967,350.	939,750.	7,974.	19,626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,918,217.	1,885,194.	9,541.	23,482.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,821.	2,642.	1,988.	191.
23 Insurance	149,386.	103,039.	42,289.	4,058.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TAXES</b>	135,086.	74,027.	55,713.	5,346.
b <b>REGISTRATION/OTHER FEES</b>	32,189.	17,239.	13,676.	1,274.
c <b>BAD DEBTS</b>	14,984.	8,211.	6,180.	593.
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>29,030,298.</b>	<b>25,173,322.</b>	<b>1,908,160.</b>	<b>1,948,816.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,559,322.	<b>1</b>	4,263,648.
	<b>2</b> Savings and temporary cash investments .....	3,001,625.	<b>2</b>	7,780,400.
	<b>3</b> Pledges and grants receivable, net .....	59,779,712.	<b>3</b>	53,366,484.
	<b>4</b> Accounts receivable, net .....	207,672.	<b>4</b>	202,148.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	669,547.	<b>9</b>	866,333.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,673,856.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,623,017.	31,346.	<b>10c</b> 50,839.
	<b>11</b> Investments - publicly traded securities .....	25,237,421.	<b>11</b>	28,643,058.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	93,486,645.	<b>16</b>	95,172,910.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	903,382.	<b>17</b>	1,412,857.
	<b>18</b> Grants payable .....	127,000.	<b>18</b>	143,000.
	<b>19</b> Deferred revenue .....	3,528,074.	<b>19</b>	4,045,879.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,333,763.	<b>25</b>	6,574,051.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,892,219.	<b>26</b>	12,175,787.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,833,505.	<b>27</b>	19,434,160.
	<b>28</b> Net assets with donor restrictions .....	69,760,921.	<b>28</b>	63,562,963.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	83,594,426.	<b>32</b>	82,997,123.
	<b>33</b> Total liabilities and net assets/fund balances .....	93,486,645.	<b>33</b>	95,172,910.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,195,283.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,030,298.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,835,015.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	83,594,426.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,736,712.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-499,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	82,997,123.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		





**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11091117.	1708056.	2436441.	2684860.	1507385.	19427859.
<b>2</b> 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 .....	4845395.	4656770.	4343295.	4243437.	5311344.	23400241.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	15936512.	6364826.	6779736.	6928297.	6818729.	42828100.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	9571315.	466,927.	803,275.	793,500.	1041050.	12676067.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	9571315.	466,927.	803,275.	793,500.	1041050.	12676067.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						30152033.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	15936512.	6364826.	6779736.	6928297.	6818729.	42828100.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	911,401.	949,370.	976,772.	1002123.	1055915.	4895581.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	911,401.	949,370.	976,772.	1002123.	1055915.	4895581.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	49,903.	38,741.	32,951.	8,569.	15,271.	145,435.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	16897816.	7352937.	7789459.	7938989.	7889915.	47869116.

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	62.99 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	63.65 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	10.23 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	9.72 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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:**

2015 - \$1,381,805

2016 - \$50,893,279

2017 - \$11,851,254

2018 - \$12,645,353

2019 - \$17,610,768

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**SOCIETY FOR SCIENCE AND 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, 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  <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b>	Employer identification number  <b>53-0196483</b>
---	---

**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
19	437 SHS FISERV INC WISC PV 1CT (FISV) _____ _____ _____	\$ 50,971.	12/23/19
45	67 SHS SPOTIFY (SPOT) _____ _____ _____	\$ 10,125.	12/26/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b>	Employer identification number  <b>53-0196483</b>
---	---

**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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

2019 Open to Public Inspection

Name of the organization SOCIETY FOR SCIENCE AND 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**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 make 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 program
  - 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	1,605,580.	1,368,482.	1,032,904.	1,007,424.	1,016,591.
b Contributions	300,000.	250,000.	300,000.		5,784.
c Net investment earnings, gains, and losses	271,834.	-48,595.	116,228.	45,380.	-14,951.
d Grants or scholarships					
e Other expenditures for facilities and programs		-35,693.	80,650.	19,900.	
f Administrative expenses					
g End of year balance	2,177,414.	1,605,580.	1,368,482.	1,032,904.	1,007,424.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 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		577,236.	559,772.	17,464.
e Other		1,548,492.	1,543,249.	5,243.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				50,839.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	4,369,648.
(3) ACCRUED POSTRETIREMENT LIABILITY	2,202,000.
(4) DEFERRED LEASE LIABILITY	2,403.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,574,051.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	29,518,697.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,736,712.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	720,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,456,712.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,061,985.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	133,298.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	133,298.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	26,195,283.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	30,116,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	720,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	499,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,219,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,897,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	133,298.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	133,298.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	29,030,298.

**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 499,000.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b>	Employer identification number <b>53-0196483</b>
---	---

**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	45,425.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	228,368.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	192,084.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	107,381.
NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	11,250.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	64,276.
SOUTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	60,916.
SOUTH ASIA	0	0	PROGRAM SERVICE ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	35,494.
<b>3 a</b> Subtotal .....	0	0			745,194.
<b>b</b> Total from continuation sheets to Part I .....	0	0			27,934.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			773,128.

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

Schedule F (Form 990) 2019

**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	27,934.
<b>Totals</b> .....					27,934.



**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	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	33,506.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	25,030.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	21,234.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	19,279.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	15,918.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	13,806.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	12,309.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	12,116.	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 84

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,983.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,860.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,703.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,122.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,088.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,948.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,816.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,796.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,281.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,193.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,713.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,462.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,301.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,981.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,778.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,702.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,379.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,335.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,305.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,169.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,138.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,118.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,075.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,998.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,950.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,892.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,787.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,720.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,598.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,545.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,505.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,368.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,307.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,155.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,975.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,975.	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)
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,960.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,746.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,730.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,715.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,695.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,595.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,575.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,575.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,575.	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)
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,468.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,435.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,435.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,415.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,330.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,315.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,315.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,315.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,287.	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)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,210.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,195.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,175.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,175.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,035.	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 - ANTIGUA & BARBUDA, ARUBA,	1	250.	EFT	0.		
ISEF AWARD	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	64	53,667.	EFT	0.		
ISEF AWARD	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	24	46,250.	EFT	0.		
ISEF AWARD	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	13	7,750.	EFT	0.		
ISEF AWARD	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	10	11,250.	EFT	0.		
ISEF AWARD	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	6	3,000.	EFT	0.		
ISEF AWARD	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	5	5,000.	EFT	0.		
ISEF AWARD	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	8	6,000.	EFT	0.		
ISEF AWARD	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	8	4,000.	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.



**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.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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:
 

<b>13a</b>		%
<b>13b</b>		%
- 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: AVALON CONSULTING

(I) ADDRESS OF FUNDRAISER: 805 15TH ST, NW, STE 700, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: CAMPBELL & CO.

(I) ADDRESS OF FUNDRAISER: ONE E WACKER DR, STE 2100, CHICAGO, IL 60601

(I) NAME OF FUNDRAISER: THE STELTER CO.

**Part IV** Supplemental Information (continued)

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

SCHEDULE G, PART I, LINE 2B:

AVALON CONSULTING SERVED AS FUNDRAISING COUNSEL THAT PROVIDES CONSULTING SERVICES ONLY, IS NOT A SOLICITOR, AND DOES NOT TAKE POSSESSION OF FUNDS AT ANY TIME.

CAMPBELL & CO. SERVED AS FUNDRAISING COUNSEL THAT PROVIDES CONSULTING SERVICES ONLY, IS NOT A SOLICITOR, AND DOES NOT TAKE POSSESSION OF FUNDS AT ANY TIME.

THE STELTER CO. SERVED AS FUNDRAISING COUNSEL THAT PROVIDES CONSULTING SERVICES ONLY, IS NOT A SOLICITOR, AND DOES NOT TAKE POSSESSION OF FUNDS AT ANY TIME.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **SOCIETY FOR SCIENCE AND 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVENUE HACKENSACK, NJ 07601	22-6002432	501C3	12,000.	0.			SCIENCE COMPETITION AWARD
BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205TH STREET BRONX, NY 10468	13-6400434	501C3	26,000.	0.			SCIENCE COMPETITION AWARD
BYRAM HILLS HIGH SCHOOL 10 TRIPP LANE ARMONK, NY 10504	13-6007152	501C3	14,000.	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
GEORGE W. HEWLETT HIGH SCHOOL 60 EVERIT AVENUE HEWLETT, NY 11557	11-6002193	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
HORACE GREELEY HIGH SCHOOL 66 ROARING BROOK RD. CHAPPAQUA, NY 10514	13-6007141	501C3	6,000.	0.			SCIENCE COMPETITION AWARD

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **26.**

**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) (2019)



**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
JERICHO SENIOR HIGH SCHOOL 99 CEDAR SWAMP ROAD JERICHO, NY 11753	11-6002037	501C3	16,000.	0.			SCIENCE COMPETITION AWARD
JOHN F. KENNEDY HIGH SCHOOL 3000 BELLMORE AVENUE BELLMORE, NY 11710	11-6000284	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
JOHN L. MILLER GREAT NECK NORTH HIGH SCHOOL - 35 POLO ROAD - GREAT NECK, NY 11023	11-6002011	501C3	8,000.	0.			SCIENCE COMPETITION AWARD
LYNBROOK HIGH SCHOOL (CA) 1280 JOHNSON AVENUE SAN JOSE, CA 95129	77-0363503	501C3	8,000.	0.			SCIENCE COMPETITION AWARD
MONTGOMERY BLAIR HIGH SCHOOL 51 UNIVERSITY BLVD. EAST SILVER SPRING, MD 20901	52-6000989	501C3	16,000.	0.			SCIENCE COMPETITION AWARD
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS - 1219 BORAD ST. - DURHAM, NC 27705	56-1250756	501C3	12,000.	0.			SCIENCE COMPETITION AWARD
OSSINING HIGH SCHOOL 29 SOUTH HIGHLAND AVENUE OSSINING, NY 10562	13-6007160	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
PAUL D. SCHREIBER HIGH SCHOOL 101 CAMPUS DRIVE PORT WASHINGTON, NY 11050	11-6001994	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS ACADEMY 180 MAIN ST ANDOVER, MA 01810	04-2103579	501C3	6,000.	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
PLANO WEST SENIOR HIGH SCHOOL 2700 W. 15TH ST. PLANO, TX 75075	75-6002252	501C3	8,000.	0.			SCIENCE COMPETITION AWARD
POOLESVILLE HIGH SCHOOL 17501 WEST WILLARD ROAD POOLESVILLE, MD 20837	52-6000989	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
ROSLYN HIGH SCHOOL 300 HARBOR HILL RD. ROSLYN, NY 11576	11-6001988	501C3	10,000.	0.			SCIENCE COMPETITION AWARD
STUYVESANT HIGH SCHOOL 345 CHAMBERS STREET NEW YORK, NY 10282	13-6608981	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
SYOSSET HIGH SCHOOL 70 SOUTHWOODS ROAD SYOSSET, NY 11791	11-6002031	501C3	8,000.	0.			SCIENCE COMPETITION AWARD
TEXAS ACADEMY OF MATHEMATICS AND SCIENCE - 1155 UNION CIRCLE - DENTON, TX 76203	75-6002149	501C3	6,000.	0.			SCIENCE COMPETITION AWARD
THE HARKER SCHOOL 4525 UNION AVENUE SAN JOSE, CA 95124	94-1613808	501C3	14,000.	0.			SCIENCE COMPETITION AWARD
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY - 6560 BRADDOCK ROAD - ALEXANDRIA, VA 22312	54-0805373	501C3	12,000.	0.			SCIENCE COMPETITION AWARD
UNIVERSITY HIGH SCHOOL 4771 CAMPUS DRIVE IRVINE, CA 92612	95-2798223	501C3	8,000.	0.			SCIENCE COMPETITION AWARD

Schedule I (Form 990)



**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	55	185,000.	0.		
AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	60	160,000.	0.		
AWARDS FOR PARTICIPANTS IN SSP SCIENCE EDUCATION COMPETITIONS	1200	3,597,448.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**SOCIETY FOR SCIENCE AND THE PUBLIC**

Employer identification number

**53-0196483**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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)                 </p>		
<p><b>b</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 .....</p>	<b>X</b>	
<p><b>2</b> 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? .....</p>	<b>X</b>	
<p><b>3</b> Indicate which, if any, of the following the 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.</p> <p> <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                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
		<b>X</b>
		<b>X</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<b>X</b>
		<b>X</b>
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<b>X</b>
		<b>X</b>
<p><b>7</b> 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 .....</p>	<b>X</b>	
<p><b>8</b> 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 .....</p>		<b>X</b>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

Schedule J (Form 990) 2019

**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)	346,561.	33,400.	5,497.	28,000.	22,621.	436,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL REZNIKOV CHIEF FINANCIAL OFFICER	(i)	234,099.	0.	4,708.	24,000.	5,880.	268,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	(i)	190,532.	4,000.	2,660.	19,251.	8,408.	224,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	(i)	182,321.	6,000.	4,781.	18,746.	11,750.	223,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLENE COLLINS CHIEF MARKETING OFFICER	(i)	172,941.	0.	2,215.	17,379.	23,333.	215,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY SHUTE EDITOR IN CHIEF	(i)	206,000.	4,000.	5,605.	20,600.	0.	236,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES MOORE CHIEF IT OFFICER	(i)	161,490.	2,500.	1,285.	14,331.	15,555.	195,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAITLIN GOLDBERG CHIEF OF EVENTS AND OPERATIONS	(i)	149,223.	4,000.	1,722.	15,358.	11,108.	181,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GAYLE KANSAGOR CHIEF COMMUNICATIONS OFFICER	(i)	168,927.	2,500.	1,181.	17,595.	10,882.	201,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD MAXWELL DIRECTOR OF FINANCE	(i)	134,874.	0.	2,194.	14,587.	25,705.	177,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEPHEN EGTS CHIEF DESIGN OFFICER	(i)	131,031.	4,500.	1,027.	13,262.	8,408.	158,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ERIC OLSON DIRECTOR OF ANNUAL GIVING AND MEMBER	(i)	134,829.	1,000.	955.	13,792.	3,130.	153,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JANET RALOFF EDITOR, SN FOR STUDENTS	(i)	131,711.	0.	4,104.	13,988.	5,880.	155,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	61,096.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2019





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number

53-0196483

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SSP ADDED THE FIRST EVER, MIDDLE SCHOOL TEACHERS CONFERENCE. THIS ANNUAL CONFERENCE BRINGS 50 MIDDLE SCHOOL STEM TEACHERS TO WASHINGTON, DC, ALL-EXPENSES-PAID, FOR A WEEKEND OF PEER-LED PROFESSIONAL DEVELOPMENT. THE CONFERENCE FOCUSES ON LEADING STUDENTS IN RESEARCH PROJECTS THAT CAN BE ENTERED IN LOCAL SCIENCE FAIR, EYBERMISSION, AND OTHER SCIENCE RESEARCH COMPETITIONS.

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

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number

53-0196483

FILLING OUT A FORM RESPONDING TO THIS INQUIRY. THESE REPOSSES ARE REVIEWED BY SSP MANAGEMENT AND THE SSP AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO, AS WELL AS THE OFFICERS AND KEY EMPLOYEES, WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, 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:

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	3,110,443.
MANAGEMENT AND GENERAL EXPENSES	238,315.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,348,758.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,348,758.

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

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number

53-0196483

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT

-499,000.

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. 1545-0047

# 2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://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).

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> Check box if address changed		Name of organization ( Check box if name changed and see instructions.) <b>SOCIETY FOR SCIENCE AND THE PUBLIC</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>53-0196483</b>
<b>B</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. <b>1719 N ST NW</b>	<b>E</b> Unrelated business activity code (See instructions.) <b>541800</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>	

<b>C</b> Book value of all assets at end of year <b>95,172,910.</b>	<b>F</b> Group exemption number (See instructions.) ▶	<b>G</b> 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
<b>1a</b> Gross receipts or sales		<b>1c</b>			
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>2</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>3</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>4a</b>			
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4b</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4c</b>			
<b>c</b> Capital loss deduction for trusts		<b>5</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>6</b>			
<b>6</b> Rent income (Schedule C)		<b>7</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>8</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>9</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>10</b>			
<b>10</b> Exploited exempt activity income (Schedule I)		<b>11</b>	266,576.	369,793.	-103,217.
<b>11</b> Advertising income (Schedule J)		<b>12</b>			
<b>12</b> Other income (See instructions; attach schedule)		<b>13</b>	266,576.	369,793.	-103,217.
<b>13</b> Total. Combine lines 3 through 12					

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	250.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	SEE STATEMENT 2 2,860.
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b>	3,110.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	-106,327.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	SEE STATEMENT 3 0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	-106,327.

<b>Part III Total Unrelated Business Taxable Income</b>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 32 -106,327.
33	Amounts paid for disallowed fringes ..... 33
34	Charitable contributions (see instructions for limitation rules) ..... 34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 ..... 35 -106,327.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ..... <b>STMT 4</b> ..... 36 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 ..... 37 -106,327.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ..... 38 1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 ..... 39 -106,327.

<b>Part IV Tax Computation</b>	
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21) ..... 40 0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) ..... 41
42	<b>Proxy tax.</b> See instructions ..... 42
43	Alternative minimum tax (trusts only) ..... 43
44	<b>Tax on Noncompliant Facility Income.</b> See instructions ..... 44
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies ..... 45 0.

<b>Part V Tax and Payments</b>	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 46a
b	Other credits (see instructions) ..... 46b
c	General business credit. Attach Form 3800 ..... 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 46d
e	<b>Total credits.</b> Add lines 46a through 46d ..... 46e
47	Subtract line 46e from line 45 ..... 47 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... 48
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) ..... 49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ..... 50 0.
51a	Payments: A 2018 overpayment credited to 2019 ..... 51a
b	2019 estimated tax payments ..... 51b
c	Tax deposited with Form 8868 ..... 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) ..... 51d
e	Backup withholding (see instructions) ..... 51e
f	Credit for small employer health insurance premiums (attach Form 8941) ..... 51f
g	Other credits, adjustments, and payments: Form 2439 _____ Total ▶ 51g
	Form 4136 _____ Other _____
52	<b>Total payments.</b> Add lines 51a through 51g ..... 52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... 53
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ..... 54
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ..... 55
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> ..... <b>Refunded</b> ..... 56

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. ....		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **CHIEF EXECUTIVE OFFICER & PRESIDENT**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ELIZABETH W. HELLER	<i>Elizabeth Heller</i>	9/28/2020		P00397829
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		2021 L STREET NW #400	
	Firm's address ▶ WASHINGTON, DC 20036	Phone no. 202-293-2200			

# 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](http://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](http://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.

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

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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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	<b>Cost of goods sold.</b> 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	<b>Total.</b> 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) **0.**

(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>



**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).
<b>Totals</b> .....			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).
<b>Totals</b> .....		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 25.
<b>Totals</b> .....	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)						
<b>Totals</b> (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) <b>SCIENCE NEWS</b>	<b>266,576.</b>	<b>369,793.</b>	<b>-103,217.</b>			
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>266,576.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>369,793.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/2018 HAS BEEN INCREASED BY \$64,023, TO REFLECT THE RETROACTIVE REPEAL OF SECTION 512(A)(7) TAXABLE TRANSPORTATION BENEFITS PURSUANT TO PUBLIC LAW 116-94 (DEC. 20, 2019). ALSO SEE STATEMENT 3.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
<u>DESCRIPTION</u>		<u>AMOUNT</u>
TAX PREPARATION FEE		2,860.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		<u>2,860.</u>

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/18	153,665.	0.	153,665.	153,665.
NOL CARRYOVER AVAILABLE THIS YEAR			<u>153,665.</u>	<u>153,665.</u>

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 4
<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
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			<u>1,419,044.</u>	<u>1,419,044.</u>