Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

Α	For the	e 2020 calendar year, or tax year beginning and en	nding		
	Check if applicable	C Name of organization		D Employer identif	ication number
	Addre	SOCIETY FOR SCIENCE AND THE PUBLIC			
	Name	COCTEMY FOR CCTEMOR		53-01964	83
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number 202-785-	er
	return termir ated			G Gross receipts \$	30,252,140.
	Amen return	washington, DC 20036		H(a) Is this a group r	
	Applic tion	F Name and address of principal officer: MAYA AJMERA		for subordinate	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: \boxed{X} 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or	527	If "No," attach a	a list. See instructions
		te: > WWW.SOCIETYFORSCIENCE.ORG		H(c) Group exemption	
	Form of art I	forganization: X Corporation Trust Association Other ► Summary			M State of legal domicile: DE
a	1	Briefly describe the organization's mission or most significant activities: TO PRO	TOMOTE	PUBLIC UND	ERSTANDING
2	2	OF SCIENCE			
r E	2	Check this box if the organization discontinued its operations or disposed		ı	
Activities & Governance	3			<u>3</u>	15 15
ચ	4	Number of independent voting members of the governing body (Part VI, line 1b)			104
<u>+</u>	5 6	Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary)			700
Ϋ́	72	Total unrelated business revenue from Part VIII, column (C), line 12			
۵	ξ ΄ b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
	1			Prior Year	Current Year
4	, 8	Contributions and grants (Part VIII, line 1h)		20,195,153.	23,036,761.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,500,920.	4,170,170.
a d	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,350,803.	
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		148,407.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>26,195,283.</u>	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,395,270.	4,168,335.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	* * *
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>11,165,566.</u>	
Expenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		298,944.	206,588.
Ž	5 b	Total fundraising expenses (Part IX, column (D), line 25) 1,925,906		10 170 E10	0.760.474
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,170,518. 29,030,298.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
_	၂ <u>19</u>	Revenue less expenses. Subtract line 18 from line 12		-2,835,015.	
ts o	ance 20	Total assets (Part X, line 16)		ginning of Current Year 95,172,910.	End of Year 102,426,509.
4sse	वह 20 21	Total liabilities (Part X, line 16)		$\frac{33,172,310}{12,175,787}$	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		82,997,123.	
P	art II	Signature Block			
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of m	y knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.	·
Siç	gn	Signature of officer		Date	
Не	re	MAYA AJMERA, PRESIDENT AND CEO			
		Type or print name and title	I n	Nata I	DTIN
Pai	d	Print/Type preparer's name ELIZABETH W. HELLER Preparer's signature Clipal Culture		Oate Check if self-emplo	
Pre	parer	Firm's name ▶ RSM US LLP		Firm's EIN ▶	42-0714325
Use	Only	Firm's address 2021 L STREET NW, SUITE 400 WASHINGTON, DC 20036		Phone no 20	02-293-2200
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1 Holle Ho. 2 0	X Yes No
	,	1			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Ε

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

ΛII	atic 6-Month Extension of Time. Only subr	nit origin	al (no copies needed).							
All corpor	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnershi	ps, REMICs	s, and trusts					
must use	Form 7004 to request an extension of time to file incon	ne tax retur	ns.							
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpayer	r identification	number (TIN)				
print	SOCIETY FOR SCIENCE AND TH	THE PUBLIC 53-0196								
File by the due date for filing your return. See	ndate for Number, street, and room or suite no. If a P.O. box, see instructions. g your 1719 N ST NW									
instructions.	City, town or post office, state, and ZIP code. For a twashington, DC 20036	oreign add	ress, see instructions.							
Enter the	Return Code for the return that this application is for (fi	le a separa	e application for each return)			0 1				
Applicati	on	Return	Application			Return				
Is For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	-BL	02	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)							
Form 990	-PF	04	Form 5227							
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				
	books are in the care of \blacktriangleright 1719 N STREET,	ON NW -	WASHINGTON, DC 20	036						
Teleph If the c If this	books are in the care of \blacktriangleright $\frac{1719}{5}$ N STREET, none No. \blacktriangleright $\frac{(202)785-2255}{5}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	NW –	Fax No. ▶ted States, check this box	. If this is fo	r the whole gr	oup, check this				
Teleph If the c If this box If the the	none No. \blacktriangleright $(202)78\overline{5}-2255$ organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	NW – ss in the Un Group Exe and atta NOVEI ganization's	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of the first state	. If this is fo	r the whole grees the extensent organization	oup, check this ion is for.				
Teleph If the c If this box 1 I re the	none No. ► (202)785-2255 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization tax year beginning	NW – ss in the Un Group Exe and atta NOVEI ganization's , an	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of return for: d ending n: Initial return	. If this is fo of all member ile the exem	r the whole grees the extensent organization	oup, check this ion is for.				
Teleph If the c If this box 1 I re the c 2	rone No. ► (202)785-2255 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above are accepted or tax year beginning	NW – ss in the Un Group Exe and atta NOVEI ganization's , an	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of return for: d ending n: Initial return	. If this is fo of all member ile the exem	r the whole grees the extensent organization	oup, check this ion is for.				
Teleph If the c If this box 1 I re the c 2	none No. ► (202)785-2255 organization does not have an office or place of business is for a Group Return, enter the organization's four digit. If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above organization or tax year beginning te tax year entered in line 1 is for less than 12 months, organization accounting period one tax application is for Forms 990-BL, 990-PF, 990-T, 4720	NW – s in the Un Group Exe and atta NOVEI ganization's , an check reaso	Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of return for: d ending ch. Initial return enter the tentative tax, less	If this is foot all members all members all members all members are the exempted and the exempted are the ex	r the whole greers the extens npt organization	oup, check this ion is for. on return for				
Teleph If the c If this box 1 I re the 2 If th 3a If th any b If th	rone No. ► (202)785-2255 reganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above or tax year beginning	NW – ss in the Un Group Exe and atta NOVEI ganization's , an check reaso 0, or 6069, or	Fax No. ted States, check this box mption Number (GEN)	If this is foot all members all members all members all members are the exempted and the exempted are the ex	r the whole greers the extens npt organization	oup, check this ion is for. on return for				
Teleph If the complete in the	none No. ► (202)785-2255 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization part 2020 or tax year beginning The tax year entered in line 1 is for less than 12 months, organization is for Forms 990-BL, 990-PF, 990-T, 4720 organization is for Forms 990-PF, 990-T, 4720, or 606	NW – ss in the Un Group Exe and atta NOVEI ganization's , an check reaso 0, or 6069, 6 9, enter any payment all	Fax No. ted States, check this box mption Number (GEN)	If this is foot of all members all the exemental returns a second	r the whole grees the extens npt organization	oup, check this ion is for. on return for				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	
	SOCIETY FOR SCIENCE IS A CHAMPION FOR SCIENCE, DEDICATED TO EXPANDING
	SCIENTIFIC LITERACY, EFFECTIVE STEM EDUCATION AND SCIENTIFIC RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,863,370. including grants of \$ 3,393,158.) (Revenue \$ 656,854.
	SCIENCE EDUCATION PROGRAMS - FOR DECADES, THE SOCIETY FOR SCIENCE HAS
	OFFERED MANY OF THE MOST REVERED SCIENCE EDUCATION PROGRAMS IN THE
	WORLD: THE REGENERON SCIENCE TALENT SEARCH (STS), REGENERON
	INTERNATIONAL SCIENCE AND ENGINEERING FAIR (ISEF), AND BROADCOM MASTERS
	(MATH, APPLIED SCIENCES, TECHNOLOGY, AND ENGINEERING FOR RISING STARS).
	THROUGH THESE PROGRAMS, WHICH ENCOURAGE INDEPENDENT SCIENTIFIC RESEARCH
	AND PROJECT-BASED LEARNING, THE SOCIETY IS HELPING GROW THE PIPELINE OF
	STEM PROFESSIONALS BY EMPOWERING OUR FUTURE GENERATION OF TALENT AND
	NUTURING THE DESIRE WITHIN STUDENTS TO BECOME SCIENTIST, ENGINEERS, AND
	INVENTORS.
	111111111111111111111111111111111111111
4b	(Code:) (Expenses \$ 7,914,242. including grants of \$ 0.) (Revenue \$ 3,513,316.
4b	(Code:) (Expenses \$/, 914, 242. including grants of \$) (Revenue \$3, 513, 316. SCIENCE NEWS - FOUNDED IN 1921 WITH A MISSION TO PROVIDE IN-DEPTH,
	TRUSTWORTHY, ACCURATE SCIENCE JOURNALISM FOR THE PUBLIC. SINCE THEN,
	OUR OFFERINGS HAVE GROWN TO INCLUDE OUR FLAGSHIP PRINT MAGAZINE,
	SCIENCE NEWS AND ITS WEBSITE, AND SCIENCE NEWS FOR STUDENTS, WHICH WAS
	LAUNCHED IN 2003 AS A DIGTIAL RESOURCE, WITH NEWS FOR AGES 9 AND UP AS
	WELL AS TEACHERS AND PARENTS. SUBSCRIBERS GET ACCESS TO OUR ARCHIVES,
	WITH MORE THAN 80,000 ARTICLES GOING BACK TO 1921. SCIENCE NEWS MEDIA
	GROUP ALSO OFFERS THE SCIENCE NEWS IN HIGH SCHOOLS PROGRAM, WHICH
	PROVIDES SCIENCE NEWS MAGAZINE AND SUPPLEMENTARY EDUCATOR GUIDES TO
	MORE THAN 5,000 HIGH SCHOOLS ACROSS THE US, TRANSFORMING HOW STUDENTS
	AND EDUCATORS INTERACT WITH CURRENT SCIENCE. SCIENCE NEWS HAS NEARLY
	122,284 SUBSCRIBERS, WITH 40 MILLION UNIQUE PAGE VIEWS IN 2020, 2.6
4c	(Code:) (Expenses \$ 2,075,649. including grants of \$ 775,177.) (Revenue \$ 0.
	OUTREACH & EQUITY - 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. IN 2020, THE SOCIETY
	ALSO PROVIDED TEACHERS WITH EMERGENCY COVID RELIEF.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 20,853,261.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 22	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	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? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I. Parts I and II	21	X	L

Form 990 (2020)

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		25a		1
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		054		x
00	Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12			
b				
c				
Ŭ	(gambling) winnings to prize winners?	1c	х	

Form 990 (2020) SOCIETY FOR SCIENCE AND THE PUBLIC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	104			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_ <u>x</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		v
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	70		
C		•		7c		х
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		- 21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		<u>x</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	on an artist to the second of	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the area of a constitution and a contact the distribution and a continue 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	-			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.مد ا	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	l	44-		Х
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensive to the explanation on the explanation of the ex			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		Х
	excess parachute payment(s) during the year?			15		77
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
16	If "Yes," complete Form 4720, Schedule O.	LIIICOI		10		21
	n 100, complete i dini 4720, concuule O.					

SOCIETY FOR SCIENCE AND THE PUBLIC 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
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
			·	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso					Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			1.0		
~	persons other than the governing body?		•	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			,,,		<u> </u>
а	The governing body?	,	•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			05		
3	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	(ODUO	Code)			
	(This Section B requests information about policies not required by the internal ne	<u>renue</u>	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			100		
_		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- ·····g			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			123		
_	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	aoponaom			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. 5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	=			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure				•	
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, C	0,C	T,DC,FL,GA	,IL	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an					
	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 So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	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 boo	ks an	d records			
	THE SOCIETY - (202)785-2255					
	1719 N STREET, NW, WASHINGTON, DC 20036					

032007 12-23-20

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.

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

• 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 r						ISate	(D)	(F)		
(A) Name and title	(B) Average	(C) Position						Reportable	(E) Reportable	(F) Estimated
Name and title	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pg.		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	l wo				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAYA AJMERA	1ine) 37.50	=	Ë	₩ 10	-\$	<u>= = = = = = = = = = = = = = = = = = = </u>	요			
PRESIDENT & CEO	37.30	1		Х				459,176.	0.	58,695.
(2) DANIEL REZNIKOV	37.50							133/1701		3070331
CHIEF FINANCIAL OFFICER	3,130	1		х				272,451.	0.	27,535.
(3) NANCY SHUTE	37.50								•	
EDITOR IN CHIEF		1			х			228,699.	0.	23,306.
(4) MICHELE GLIDDEN	37.50								<u> </u>	
CHIEF PROGRAM OFFICER					х			213,950.	0.	31,680.
(5) KATHLENE COLLINS	37.50									,
CHIEF MARKETING OFFICER					Х			190,991.	0.	49,790.
(6) BRUCE MAKOUS	37.50									
CHIEF ADVANCEMENT OFFICER					Х			203,060.	0.	33,660.
(7) GAYLE KANSAGOR	37.50									
CHIEF COMMUNICATIONS OFFIC						Х		188,869.	0.	50,677.
(8) JAMES MOORE	37.50									
CHIEF IT OFFICER					Х			179,488.	0.	38,099.
(9) CAITLIN GOLDBERG	37.50									
CHIEF OF EVENTS AND OPERAT					Х			171,589.	0.	27,445.
(10) EDWARD MAXWELL	37.50									
DIRECTOR OF FINANCE						X		146,759.	0.	47,189.
(11) RACHEL ALPER	37.50									
CHIEF OF STAFF					Х			151,591.	0.	28,421.
(12) JANET RALOFF	37.50									
EDITOR, SN FOR STUDENTS						Х		146,273.	0.	26,449.
(13) STEPHEN EGTS	37.50								_	
CHIEF DESIGN OFFICER						Х		143,264.	0.	24,901.
(14) ERIC OLSON	37.50	1								
DIRECTOR OF ANNUAL GIVING						Х		148,029.	0.	14,677.
(15) MARY SUE COLEMAN	3.00	l								
CHAIR		Х	_	Х				0.	0.	0.
(16) MARTIN CHALFIE	3.00									_
VICE CHAIR	1 2 22	Х	_	Х		_		0.	0.	0.
(17) HAYLEY BAY BARNA	3.00			,,					•	_
TREASURER		X		X				0.	0.	0.

Form **990** (2020)

	330 (2020)	OIL DOLL		_		_		_	- 05210	33 0230			<u> 190 - </u>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t Co	pmpensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos) than (nne	Reportable	Reportable	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	an	nount	of
		week		cer ar	nd a d	irecto	r/trus T	tee)	from	from related		other	
		(list any	ector						the	organizations	l	pensa	
		hours for	or dir	يو			ated		organization	(W-2/1099-MISC)	l	om the	
		related organizations	stee	truste			bens		(W-2/1099-MISC)		ı -	anizati	
		below	ıal trı	onal		ploye	ee com				l	d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			orga	anizatio	วทร
/10\	PAUL J. MADDON	3.00	드	드	JO.	- X	를 들	요					
	ETARY	3.00	Х		Х				0.	0.			Λ
		2 00	Δ		^				0.	0.			0.
	CRAIG R. BARRETT	3.00	٠,,						_	0			^
TRUS		2 00	Х						0.	0.			0.
	CHRISTINE BURTON	3.00	٠,,							0			^
	COMMITTEE, AT-LARGE	2 00	Х						0.	0.			0.
	TESSA M. HILL	3.00	٠,,						_	0			^
TRUS		2 00	Х						0.	0.			0.
	TOM LEIGHTON	3.00								•			^
TRUS		2 00	Х						0.	0.			0.
,	ALAN LESHNER	3.00	l										_
TRUS			Х						0.	0.			0.
	W. E. (WILLIAM E.) MOERNER	3.00	1						_				
TRUS	TEE		Х						0.	0.			0.
(25)	DIANNE K. NEWMAN	3.00	1										
TRUS			Х						0.	0.			0.
(26)	GIDEON YU	3.00											
TRUS	TEE		Х						0.	0.			0.
1b	Subtotal							>	2,844,189.	0.	48	2,52	
С	Total from continuation sheets to Part VI	I, Section A						>	0.	0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	2,844,189.	0.	48	2,52	<u>24.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
	compensation from the organization												31
												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	loye	e, or	higl	nest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										4	Х	
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com										5		Х

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	1,205,867.
QUAD/GRAPHICS, INC		
N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	MANUFACTURING	780,664.
AVALON CONSULTING GROUP		
805 15TH STREET NW , WASHINGTON, DC 20005	CONSULTING	468,469.
DANIEL J EDELMAN, INC.		
21992 NETWORK PLACE, CHICAGO, IL 60673	MARKETING/CONSULTING	395,221.
SPECIALIZED FULFILLMENT SERVICES	SUBSCRIPTION	
3100 VALLEYWOOD DR, KETTERING, OH 45429	FULFILLMENT	367,895.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 9		

Form 990 SOCIETY I									53-019	6483
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(B) (C) (D) Average Position Reportable compensation						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) FENG ZHANG TRUSTEE	3.00	х						0.	0.	0.
(28) ADAM BLY	3.00									
TRUSTEE (29) THOMAS ROSENBAUM	3.00	Х						0.	0.	0.
TRUSTEE		х						0.	0.	0.
T	•									
Total to Part VII, Section A, line 1c										

		Check if Schedule O	contains	s a response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
ij g		Membership dues							
fts,		Fundraising events							
ig ig		Related organizations			554 912				
ns, Sim		Government grants (contr			554,812.				
atio er 9	Ť	All other contributions, gifts,			22 481 040				
^듩		similar amounts not included			22,481,949.				
ont od (_	Noncash contributions included in			52,121.	02 026 761			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f				23,036,761.			
					Business Code	2 200 254	2 000 054		
<u>e</u>	2 a				511120	3,289,854.	3,289,854.		
erv	b	SCIENCE EDUCATION PR		.s	611710	656,854.	656,854.		
ı S.	С	SCIENCE NEWS ADVERT	ISING		541800	223,462.		223,462.	
ran Sev	d								
Program Service Revenue	е								
	f	All other program service	revenue	e					
\longrightarrow	g	Total. Add lines 2a-2f				4,170,170.			
	3	Investment income (include							
		other similar amounts)				856,908.			856,908.
	4	Income from investment of	of tax-ex	empt bond p	roceeds				
	5	Royalties				189,191.			189,191.
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a	1,979,572.					
	b	Less: cost or other basis							
ē		and sales expenses	7b	1,890,190.					
Revenue	С	Gain or (loss)	7c	89,382.					
₽.		Net gain or (loss)				89,382.			89,382.
her		Gross income from fundraisi							
₽		including \$		of					
		contributions reported on	line 1c)	. See					
		Part IV, line 18	•	8a					
	b	Less: direct expenses		I .					
		Net income or (loss) from							
		Gross income from gamin							
		Part IV, line 19	-	9a					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I			,				
		and allowances		I .					
	b	Less: cost of goods sold		I .					
		Net income or (loss) from			b				
\Box		,,		٠,, ٠,٠	Business Code				
Snc	11 a	LIST RENTAL			900099	19,538.			19,538.
ne The	b	-				,			•
Miscellaneous Revenue	c								
<u>sc</u>		All other revenue							
Σ		Total. Add lines 11a-11d			•	19,538.			
	12	Total revenue. See instruction				28,361,950.	3,946,708.	223,462.	1,155,019.

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 (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 775,177. 775,177. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,688,499. 2,688,499. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 704,659. 704,659. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,629,172. 2,128,843. 276,212. 224,117. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 6,549,600. 5,303,219. 688,078. 558,303. 7 Pension plan accruals and contributions (include 592,600. 479,828. 62,257. 50,515. section 401(k) and 403(b) employer contributions) 104,958. 999,064. 808,943. 85,163. Other employee benefits 9 681,449. 551,770. 71,591. 58,088. Payroll taxes 10 Fees for services (nonemployees): 11 Management 132,421. 153,011. 10,629. 9,961. Legal 84,997. 73,560. 5,904. 5,533. Accounting Lobbying 206,588. 206,588. Professional fundraising services. See Part IV, line 17 130,128. 130,128. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,827,105. 2,616,273. 210,832. column (A) amount, list line 11g expenses on Sch O.) 244,277. 337,485. 110. 93,098. Advertising and promotion 12 2,689,593. 2,180,604. 134,927. 374,062. Office expenses 13 1,458,247. 1,236,148. 55,471. 166,628. 14 Information technology Royalties 15 537,502. 460,373. 39,763. 37,366. Occupancy 16 119,161. 115,313. 1,088. 2,760. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 65,016. 62,916. 594. 1,506. Conferences, conventions, and meetings 19 12,527.10,157. 628. 1,742. 20 Payments to affiliates 21 4,862. 3.942. 244. 676. Depreciation, depletion, and amortization 22 115,425. 142,367. 7,142. 19,800. 23 Other expenses. Itemize expenses not covered 24 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.) 142,791. 115,769. 7,163. 19,859. TAXES REGISTRATION/OTHER FEES 28,252. 22,906. 1,417. 3,929. 27,430. 22,239. 1,376. 3,815. BAD DEBTS С d All other expenses 24,587,282. 20,853,261. 1,808,115. 1,925,906. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,263,648.	1	1,838,927.
	2	Savings and temporary cash investments			7,780,400.	2	8,431,113.
	3	Pledges and grants receivable, net	53,366,484.	3	60,818,023.		
	4	Accounts receivable, net	202,148.	4	211,090.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ς,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			866,333.	9	523,401.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,673,856.			
	b	Less: accumulated depreciation	10b	3,627,879.	50,839.	10c	45,977. 30,557,978.
	11	Investments - publicly traded securities			28,643,058.	11	30,557,978.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			95,172,910.	16	102,426,509.
	17	Accounts payable and accrued expenses			1,412,857.	17	1,737,550.
	18	Grants payable		L	143,000.	18	163,000.
	19	Deferred revenue			4,045,879.	19	3,441,160.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
ijĘ		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		•	6 574 051		0 050 255
		of Schedule D			6,574,051.		
	26	Total liabilities. Add lines 17 through 25			14,175,767.	26	14,401,065.
Ø		Organizations that follow FASB ASC 958, chec	ck ner				
nce	07	and complete lines 27, 28, 32, and 33.			19,434,160.	27	20,311,751.
ala	27	Net assets with donor restrictions			63,562,963.	28	67,713,693.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			03,302,303.	20	01,113,033.
'n.		and complete lines 29 through 33.	o, che	ck nere			
ō	20	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or eq				30	
\ss(31	Retained earnings, endowment, accumulated inc				31	
et A	32	Total net assets or fund balances			82,997,123.	32	88,025,444.
Ž	33				95,172,910.	33	102,426,509.
	JJ	Total liabilities and net assets/fund balances			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	აა	Farra 990 (2000)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 28,361,950. Total revenue (must equal Part VIII, column (A), line 12) 1 24,587,282. Total expenses (must equal Part IX, column (A), line 25) 2 2 3,774,668. Revenue less expenses. Subtract line 2 from line 1 3 3 82,997,123. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 1,562,653. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) -309,000. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 88,025,444. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X 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, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c 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? Х За 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

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		SOCI	ETY FOR SC	IENCE AND TH	E PUBI	JIC		5	3-0196483
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction:	S.	
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative		·			i).		
4		A medical research organization					-	(iii). Enter	the hospital's name,
		city, and state:	•						•
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substar	ntial part of its support f	om a gove	ernmental	unit or from th	e general ı	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-				
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g				-		-	•
		university:		,					
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its	s supporte	ed organization	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
	_	requirement (see instructi	•	•	•				
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
				above (see instructions))	103	140			
ota	.1								

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		, ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	>

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.)

Se	ction A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,		,	,
	include any "unusual grants.")	1708056.	2436441.	2684860.	1507385.	10546075.	18882817.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4656770.	4343295.	4243437.	5311344.	4665462.	23220308.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6364826.	6779736.	6928297.	6818729.	<u> 15211537.</u>	42103125.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons	466,927.	803,275.	793,500.	1041050.	2852250.	5957002.
k	nounts 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.
(Add lines 7a and 7b	466,927.	803,275.	793,500.	1041050.	2852250.	5957002.
8	Public support. (Subtract line 7c from line 6.)						36146123.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	6364826.	6779736.	6928297.	6818729.	15211537.	42103125.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	949,370.	976,772.	1002123.	1055915.	1046099.	5030279.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	949,370.	976,772.	1002123.	1055915.	1046099.	5030279.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	31373737	3.07.12			10100331	30302730
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38,741.	32,951.	8,569.	15,271.	19,538.	
	Total support. (Add lines 9, 10c, 11, and 12.)	7352937.	7789459.	7938989.		16277174.	
14	First 5 years. If the Form 990 is for the	· ·		•		.,.,	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi			-1 (6)		l ae l	76.50 %
	Public support percentage for 2020 (li Public support percentage from 2019			.,,		15	50.00
	ction D. Computation of Inves					10	62.99 %
	Investment income percentage for 20			ne 13 column (f))		17	10.65 %
	Investment income percentage from 2					18	10.23 %
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2019. If the		-	•	• •		
	line 18 is not more than 33 1/3%, check	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Т	1		
Г	2		
L	За		
L	3b		
L	3c		
H	4a		
L	4b		
Г	4c		
	5a		
	Ju		
Т	5b		
	5c		
	6		
L	7		
	8		
	9a		
\vdash	9b		
	90		
	9с		
L	10a		
	40:		
	10b		

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year along majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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? 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.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? 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.		\perp
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	τV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınızatıons _{(continu}	ued)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity		2		
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive			
	(provi	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2020 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distrib	outable amount for 2020 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2020 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2020 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2020 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	/I. See instructions.				
7	Exces	ss distributions carryover to 2021. Add lines 3j				
	and 4	С.				
8	Break	down of line 7:				
а	Exces	s from 2016				
b	Exces	s from 2017				
С	Exces	s from 2018				
d	Exces	s from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 of 990-EZ) 2020 BOCIETT TON BOTHNOL TEND THE TOBELLO 93 0190403 Fage 8
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 SOCIETY RECEIVED UNUSUAL GRANTS AS FOLLOWS:
2016 - \$50,893,279
2017 - \$11,851,254
2018 - \$12,645,353
2019 - \$17,610,768
2020 - \$11,771,932

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.αov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number

53-0196483

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SOCIETY FOR SCIENCE AND THE PUBLIC

53-0196483

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	STOCK GIFT - 415 SHS AAPL		
22	_		
		\$\$ 52,121.	12/14/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-20	\$	90. 990-EZ. or 990-PF) (2

Name of organization

Employer identification number

	ם אים	SCIENCE	7 7 TT	miti	אד זמזזמ
5 C J C T P T Y	FUR	50 I P.IVI. P.	AINII	1 H P.	PUBLIC

53-0196483

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following the followin	ng line entry. For o	rganizations he year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if additional	space is needed.	,						
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
Part I									
		-							
		(e) Transf	er of gift						
	Transferse's name address or		D	eletionabin of transferor to transferor					
	Transferee's name, address, ar	IQ ZIP + 4	No	elationship of transferor to transferee					
		-	-						
(a) No. from	(b) Purpose of gift	(c) Use of g	ıift	(d) Description of how gift is held					
Part I		.,		., .					
		(e) Transf	er of gift						
_	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee					
		_							
		_							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
		(e) Transf	er of gift						
		(5) 112.113.	o. o. g						
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee					
		_							
(a) No. from		<u> </u>							
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
-									
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee					
			_						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number 53-0196483

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in don	or advised fu	nds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds	can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	urpose confe	erring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on For	m 990, Part I'	V, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Preserv	ation of a his	storically important land area
	Protection of natural habitat	Preserv	ation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the	ne form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff	er 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminate	d by the orga	nization during the tax
	year >			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, hand	lling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforc	ng conservat	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing c	onservation e	easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of secti	on 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and e	xpense state	ment and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial	statements t	hat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue stat	ement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or resea	rch in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 958	to report in its revenue stateme	nt and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research	n in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m)			. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for	financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 000 Part V			

Pai	rt III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Ot	her Sim	nilar Assets	s (continued)		
3	,								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt pu	ırpose in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma		•	·		_	Yes No		
Par	rt IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		3			,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets r	not includ	ed			
	on Form 990, Part X?						Yes No		
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
			g				Amount		
С	Beginning balance				Γ.	1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes No		
	If "Yes," explain the arrangement in Part XIII.		•		•				
	rt V Endowment Funds. Complete i								
	30111p10101	(a) Current year	(b) Prior year	(c) Two years bac		ree vears hack	(e) Four years back		
1 a	Beginning of year balance	2,177,414.	1,605,580.	1,368,48		1,032,904.			
b	Contributions	300,000.	300,000.	250,00		300,000.			
C	Net investment earnings, gains, and losses	313,458.	271,834.	-48,59		116,228.	<u> </u>		
ų		, , , , , , ,				,			
u 0	Other expenditures for facilities								
•				-35,69	3.	80,650.	19,900.		
f	and programs Administrative expenses					,			
'		2,790,872.	2,177,414.	1,605,58	0	1,368,482.	1,032,904.		
2	Provide the estimated percentage of the curr				- •				
	Board designated or quasi-endowment	• 0000	%) Held as.					
b	_ 100	%							
	Term endowment ► .0000								
·	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posses	•	tion that are held ar	nd administered fo	or the ora:	anization			
oa	by:	331011 Of the organiza	tion that are note ar	ia administerea re	n the orga	arnzation	Yes No		
	(i) Unrelated organizations						3a(i) X		
	(ii) Related organizations						3a(ii) X		
h	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the	•							
	rt VI Land, Buildings, and Equipm		milione rando.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Par	t X. line 1	0.			
	Description of property	(a) Cost or o			c) Accum		(d) Book value		
	Becomplian or property	basis (investm		(other)	deprecia	I	(a) Book value		
1a	Land	<u> </u>		6,946.	•		26,946.		
	Buildings			_	,519	.996.	1,186.		
	Leasehold improvements		-,32	, = · -	,	,			
	Equipment		57	7,236.	564	,634.	12,602.		
	Other				.,543	,249.	5,243.		
	I. Add lines 1a through 1e. (Column (d) must e		•				45,977.		

Schedule	D (Form 990) 2020 SOCIETY FOR	SCIENCE AND	THE PUBLIC	53-0196483 Page
	Investments - Other Securities.			J
	Complete if the organization answered "Yes" of			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
	cial derivatives			
(2) Close	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)	(h) result areal Farms 000 Part V and (D) line 10 \			
	. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes" of	on Form 000 Part IV lin	o 11a Soo Earm 000 Dart V li	ino 13
	(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)		(1)	()	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, I	
	(a)	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)	·			
<u>(6)</u> (7)				
(8)				<u> </u>
(9)				
	olumn (b) must equal Form 990. Part X. col. (B) line	. 15)		•
Part X	Other Liabilities.	10./		
	Complete if the organization answered "Yes" o	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Pa	art X, line 25.
1.	(a) Description of liability		<u> </u>	(b) Book value
(1) Fe	ederal income taxes			
(2) A	WARDS PAYABLE			4,644,952

2,586,000. (3) ACCRUED POSTRETIREMENT LIABILITY DEFERRED LEASE LIABILITY 2,403. 1,826,000. PPP LOAN (5) (6)(7) (8) (9) 9,059,355. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Par	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			١.	30,514,475.
1				1	30,314,473.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	1 562 653		
a	Net unrealized gains (losses) on investments		1,562,653. 720,000.	-	
b	Donated services and use of facilities		720,000.	1	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	2,282,653.
3	Subtract line 2e from line 1			3	28,231,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	130,128.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	130,128.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	28,361,950.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat	tements Wit	h Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	25,486,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	720,000.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	309,000.		
е	Add lines 2a through 2d			2e	1,029,000.
3	Subtract line 2e from line 1			3	24,457,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	100 100		
а	Investment expenses not included on Form 990, Part VIII, line 7b		130,128.	-	
b	Other (Describe in Part XIII.)	4b			120 100
	Add lines 4a and 4b			4c	130,128.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. t XIII Supplemental Information.	.)		5	24,587,282.
		Dart IV lines 41	and Oh. Dart V. line 4	. D4	V line Or Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional inio	mation.		
PAF	T V, LINE 4:				
THE	ORGANIZATION'S ENDOWMENT IS TO BE USED	TO SUPP	ORT OR EXPA	ND.	PROGRAMS
THA	T IMPACT K-12 STUDENTS, AND IF NECESSAR	Y, FOR G	ENERAL OPER	ATI	NG
EXI	ENSES.				
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
3.00					200 000
ACC	RUED POSTRETIREMENT ADJUSTMENT BENEFIT				309,000.

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Employer identification number

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

53-0196483 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
		· ·	•			
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outside	de the
_	United States.		- 0. ga <u>-</u> a	5.050aa.050.055g a.05 a.05 a.	9.4 4 2	20 11.10
3		ne following Part	I line 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
	(a) Hogion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region		NAMES OF TAXABLE AND	iii iiio rogion
					AWARD PAYMENTS AND	
					HOUSING.TRAVEL GRANTS	
CENT	RAL AMERICA AND				FOR PARTICIPANTS IN	
THE	CARIBBEAN	0	0	PROGRAM SERVICE ACTIVITIES	SCIENCE COMPETITIONS AND	45,425.
					AWARD PAYMENTS AND	
					HOUSING.TRAVEL GRANTS	
EAST	ASIA AND THE				FOR PARTICIPANTS IN	
PACI	FIC	0	0	PROGRAM SERVICE ACTIVITIES	SCIENCE COMPETITIONS AND	228,368.
					AWARD PAYMENTS AND	
					HOUSING TRAVEL GRANTS	
EURC	PE (INCLUDING				FOR PARTICIPANTS IN SSP	
	AND & GREENLAND)	٥	0		SCIENCE COMPETITIONS AND	192,084.
	and a diabilibility				AWARD PAYMENTS AND	152,001.
					HOUSING.TRAVEL GRANTS	
MTDE	LE EAST AND				FOR PARTICIPANTS IN	
	H AFRICA	0	0			107 201
NORT	n AFRICA	U	U	PROGRAM SERVICES ACTIVITIES	SCIENCE COMPETITIONS AND	107,381.
					AWARD PAYMENTS AND	
					HOUSING.TRAVEL GRANTS	
		_ ا	_		FOR PARTICIPANTS IN	
NORT	H AMERICA	0	0		SCIENCE COMPETITIONS AND	11,250.
					AWARD PAYMENTS AND	
					HOUSING.TRAVEL GRANTS	
					FOR PARTICIPANTS IN	
SOUI	H AMERICA	0	0	PROGRAM SERVICES ACTIVITIES	SCIENCE COMPETITIONS AND	60,916.
					AWARD PAYMENTS AND	
					HOUSING.TRAVEL GRANTS	
					FOR PARTICIPANTS IN	
SOUT	H ASIA	0	0		SCIENCE COMPETITIONS AND	35,494.
					AWARD PAYMENTS AND	, ,
					HOUSING TRAVEL GRANTS	
					FOR PARTICIPANTS IN	
SIIR-	SAHARAN AFRICA	0	0		SCIENCE COMPETITIONS AND	27,934.
		0	0	THOUSEN DERVICED ACTIVITIES	SOLIMOL COMPLITITIONS AND	,
	Subtotal	<u> </u>	0			708,852.
b	Total from continuation	[_			64.055
	sheets to Part I	0	0			64,276.
С	Totals (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) 2020

ochedule i (i oith 550)	DUULLI .		1115 1112 1 05210	00 013010	i agc i
Part I Continuation	of Activities	s 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
RUSSIA AND				AWARD PAYMENTS AND HOUSING TRAVEL GRANTS FOR PARTICIPANTS IN	
NEIGHBORING STATES	0	0		SCIENCE COMPETITIONS AND	64,276.
					,
Totals					64,276.

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)
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
		CENTRAL AMERICA	COMPETITION					
		AND THE CARIBBEAN	PARTICIPANTS AND FAIR	35,521.	WIRE	0.		
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
		EAST ASIA AND THE	COMPETITION					
		PACIFIC	PARTICIPANTS AND FAIR	170,325.	WIRE	0.		
			HOUSING AND TRAVEL					
		EUROPE (INCLUDING	FOR SCIENTIFIC					
		ICELAND &	COMPETITION					
		GREENLAND)	PARTICIPANTS AND FAIR	120,093.	WIRE	0.		
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
		MIDDLE EAST AND	COMPETITION					
		NORTH AFRICA	PARTICIPANTS AND FAIR	86,674.	WIRE	0.		
			HOUSING AND TRAVEL					
		RUSSIA AND	FOR SCIENTIFIC					
		NEIGHBORING	COMPETITION					
		STATES	PARTICIPANTS AND FAIR	61,276.	WIRE	0.		
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
			COMPETITION					
		SOUTH AMERICA	PARTICIPANTS AND FAIR	40,175.	WIRE	0.		
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
			COMPETITION					
		SOUTH ASIA	PARTICIPANTS AND FAIR	29,494.	WIRE	0.		
			HOUSING AND TRAVEL					
			FOR SCIENTIFIC					
		SUB-SAHARAN	COMPETITION					
		AFRICA	PARTICIPANTS AND FAIR	23,934.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a ta	ax
	exempt 501(c)(3) organization 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

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)
	CENTRAL AMERICA						
ISEF AWARD	AND THE CARIBBEAN	1	250.	EFT	0.		
	EAST ASIA AND THE						
ISEF AWARD	PACIFIC	64	53,667.	EFT	0.		
	EUROPE (INCLUDING						
ISEF AWARD	ICELAND & GREENLAND)	24	46,250.	E E M	0.		
ISEF AWARD	GREENDAND /	24	40,230.	BF 1	0.		+
	MIDDLE EAST AND						
ISEF AWARD	NORTH AFRICA	13	7,750.	EFT	0.		1
ISEF AWARD	NORTH AMERICA	10	11,250.	EFT	0.		_
ISEF AWARD	SOUTH ASIA	8	6,000.	EFT	0.		
ISEF AWARD	SOUTH AMERICA	5	5,000.	EFT	0.		
	DUGGEN AND						
	RUSSIA AND NEIGHBORING						
ISEF AWARD	STATES	6	3,000.	EFT	0.		
		-	-,		1		
	SUB-SAHARAN						
ISEF AWARD	AFRICA	8	4,000.	EFT	0.		

Page 4

Schedule F (Form 990) 2020 SPart IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 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 I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: EAST ASIA AND THE PACIFIC

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

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

TRAVEL GRANTS FOR PARTICIPANTS IN SSP SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: MIDDLE EAST AND NORTH AFRICA

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

Page 5

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.

REGION: NORTH AMERICA

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: SOUTH AMERICA

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: SOUTH ASIA

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

REGION: SUB-SAHARAN AFRICA

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

TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR SUPPORT

REGION: RUSSIA AND NEIGHBORING STATES

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

HOUSING.TRAVEL GRANTS FOR PARTICIPANTS IN SCIENCE COMPETITIONS AND FAIR

SUPPORT

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

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.

PARTICIPANTS AND FAIR SUPPORT

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: HOUSING AND TRAVEL FOR SCIENTIFIC COMPETITION

PARTICIPANTS AND FAIR SUPPORT

REGION: SUB-SAHARAN AFRICA

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the	organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number 53-0196483

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) AVALON CONSULTING - 805 15TH Yes No , NW, STE 700, WASHINGTON CONSULTING Х 0 468,469 -468,469. 468 469 -468 469. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		Ţ Ţ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ቯ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			>	
_	11					
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	(1.) Dull take finatent	T	I (N Takal a sassina (salal
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ag., p. 19. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(2)
- Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Net garning income summary. Subtract line r	monthine 1, column (a)			l .
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _			
		he organization licensed to conduct gaming ac		states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2020 SOCIETY FOR SCIENCE AND THE PUBLIC 53-0)1964	<u> 183</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	′ es	☐ No
12				
	to administer charitable gaming?	Y	′ es	☐ No
13				
а				%
		13b		%
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	′ es	☐ No
h	If "Yes " enter the amount of gaming revenue received by the organization • \$			
~				
c				
	· · · · · · · · · · · · · · · · · · ·			
	Name			
	Address ►			
16	Gaming manager information:			
	Nama 🏊			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а				
		, L Y	es/	∟ No
b	·			
Da			- 0 0	\h_ 10h
Га		τ III, IIne	es 9, 9	, 10b,
	105, 106, 10, and 175, as applicable. Also provide any additional information. See instructions.			
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>፡</u>		
(Т) NAME OF FUNDRAISER. AVALON CONSULTING			
<u>\ </u>	7 MIND OF FORDING MAINDON CONDUCTING			
(I) ADDRESS OF FUNDRAISER: 805 15TH ST. NW. STE 700. WASHINGTON.	DC	20	005
<u>. </u>	,			
<u>sc</u>	HEDULE G, PART I, LINE 2B:			
Δ 17	ALON CONSILTING SERVED AS FUNDRAISING COUNSEL THAT PROVIDES			
11 V	TOT COLIDORITIO PRIVIDE TO LONDINITUTIO COUNDER THAT INCVIDED			
	NSULTING SERVICES ONLY, IS NOT A SOLICITOR, AND DOES NOT TAKE			
PO	SSESSION OF FUNDS AT ANY TIME.			

Schedule G	G (Form 990 or 990-EZ)	SOCIETY :	FOR	SCIENCE	AND	THE	PUBLIC	53-0196483	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(continu}	ed)						

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number
53-0196483

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	C Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	\$5,000. Part II car	be duplicated if additi	ional space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BELLMORE-MERRICK CHSD 1260 MEADOWBROOK RD							
NORTH MERRICK, NY 11566-1600	11-6000284	501C(3)	6,000.	0.			SCIENCE COMPETITION AWARD
THE BRONX H.S. OF SCIENCE ALUMNI FOUNDATION - 75 WEST 205TH ST BRONX, NY 10468	13-3763299	501C(3)	22,000.	0.			SCIENCE COMPETITION AWARD
DRONA, NI 10400	13 3703233	5010(3)	22,000.	٠.			BCIENCE COMPETITION AWARD
BYRAM HILLS CENTRAL SCHOOL DISTRICT - 10 TRIPP LANE - ARMONK, NY 10504	13-6007152	501C(3)	12,000.	0.			SCIENCE COMPETITION AWARD
FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE RD, SUITE 4300 FALLS CHURCH, VA 22042	54-0805373	501C(3)	10,000.	0.			SCIENCE COMPETITION AWARD
GREENWICH HIGH SCHOOL 10 HILLSIDE RD. GREENWICH, CT 06830	06-6002006	501c(3)	8,000.	0.			SCIENCE COMPETITION AWARD
JERICHO SR. HIGH SCHOOL 99 CEDAR SWAMP RD. JERICHO, NY 11753	11-6002037	501c(3)	6,000.	0.			SCIENCE COMPETITION AWARD
2 Enter total number of section 501(c)(3) a	nd government or	canizations listed in th	e line 1 table		•		▶ 24.
3 Enter total number of other organizations	J	1 table					

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	Tago i
(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
MANHASSET UFSD							
200 MEMORIAL PLACE							
MANHASSET, NY 11030	11-6002006	501C(3)	8,000.	0.			SCIENCE COMPETITION AWARD
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS FOUNDATION - 1210							
BROAD ST DURHAM, NC 27705	56-1250756	501C(3)	14,000.	0.			SCIENCE COMPETITION AWARD
MONTGOMERY BLAIR HIGH SCHOOL 51 UNIVERSITY BLVD. EAST SILVER SPRING, MD 20901	52-6000989	501C(3)	10,000.	0.			SCIENCE COMPETITION AWARD
			·				
ROSLYN UFSD							
300 HARBOR HILL RD.	11-6001988	501C(3)	6 000	0.			SCIENCE COMPETITION AWARD
ROSLYN, NY 11576	11-6001988	501C(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS ACADEMY 180 MAIN STREET							
ANDOVER, MA 01810-4166	04-2103579	501C(3)	6,000.	0.			SCIENCE COMPETITION AWARD
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE, #311247 DENTON, TX 76203-5017	75-6002149	501c(3)	6,000.	0.			SCIENCE COMPETITION AWARD
DENION, 12 /0203 301/	75 0002145	5010(3)	0,000.	· ·			BCIENCE COMPETITION AWARD
YORKTOWN CENTRAL SCHOOL DISTRICT 2725 CROMPOND RD.							
YORKTOWN HEIGHTS, NY 10598-3129	13-6007184	501C(3)	8,000.	0.			SCIENCE COMPETITION AWARD
HUNTER COLLEGE OF THE CITY UNIV OF NY, 695 PARK AVE E1601							
NEW YORK, NY 10065	13-3893536	501C(3)	14,000.	0.			SCIENCE COMPETITION AWARD
BOULDER VALLEY SCH DIST RE-2 6500 E ARAPAHOE ROAD BOULDER, CO 80303	84-6014683	501C(3)	6,000.	0.			SCIENCE COMPETITION AWARD
	1 51 5511555	5525(5)	1 0,000.	<u> </u>	<u> </u>	1	POLICIE COMMINICATION MANIEM

500 EXECUTIVE BLVD. OSSINING, NY 10562-4599 13-6007160 ALASKA SCIENCE AND ENGINEERING FAIR - PO BOX 240222 - ANCHORAGE, AK 99524 92-0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY FUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV COVID-19 FAIR EMERGENCY COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tago T
SS9 NESS* FREMONT AVE SUNNIVALE, CA 94087 77 0012280 501C(3) 6,000. 0. SCIENCE COMPETITION AWARD SOUNTIVE BLVD. SOSINING, NY 10562-4599 13-6007160 501C(3) 10,000. 0. SCIENCE COMPETITION AWARD ALASKA SCIENCE AND ENGINEERING FAIR - FO BOX 240222 - ANCHORAGE, AS 95524 92 0050257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY FUND SCI & ENG FAIR OF METRO DETROIT INC - FO BOX 158 - PARMINGTON, MI 48332-0158 36-6092183 501C(3) 10,000. 0. FUND FORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 47H AVENUE, SUITE 730 - PORTLAND, OR 97201 93.0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUSON, AZ 85716 COVID-19 FAIR EMERGENCY FUNDON - COVID-19 FAIR		(b) EIN			non-cash	valuation (book, FMV,		
S69 MESET FREMONT AVE SUNNIVALE, CA 94087 77 0012280 501C(3) 6,000. 0. SCIENCE COMPETITION AWARD SOUNTIVE BLVD. SOSINING, NY 10562-4599 13-6007160 501C(3) 10,000. 0. SCIENCE COMPETITION AWARD ALASKA SCIENCE AND ENGINEERING FAIR - FO BOX 240222 - ANCHORAGE, AS 95524 92 0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY FUND SCI & ENG FAIR OF METRO DETROIT INC - FO BOX 158 - PARMINGTON, MI 48332-0158 36-6092183 501C(3) 10,000. 0. FUND SORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 47H AVENUE, SUITE 730 - PORTLAND, OR 97201 93.0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 74-1584595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 74-1584595 501C(3) 10,000. 0. FUND SCIENCE COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENC	FREMONT INTON HIGH SCHOOL							
SURNIVALE, CA 94087 77-012280 501C(3) 6,000 0. SCIENCE COMPETITION AWARD OSSINING UPSD 500 EXECUTIVE BLUD. OSSINING, NY 10562-4599 13-6007160 501C(3) 10,000. 0. SCIENCE COMPETITION AWARD ALASKA SCIENCE AND ENGINEERING PAIR - PO BOX 240222 - ANCHORACE, AR 99524 92 0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY PUND SCI & ENG PAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG PAIR, INC. FO BOX 1465 6-0946185 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE PAIR FOUNDATION - MERBUITH COLLEGE, 300 HILLSGOORDH STEETE - FORT COLLING, CO 80522-1465 74-1884595 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF								
OSSINING UPSD 500 EXECUTIVE BLVD. 0SSINING, NY 10562-4599 13-6007160 501C(3) 10,000. 0. SCIENCE AND ENGINEERING PAIR - PO BOX 240222 - ANCHORAGE, AX 99524 SCI & ENG PAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. SCI & ENG PAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FUND COVID 19 FAIR EMERGENCY FUND COVID 19 FAIR EMERGENCY FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG PIND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 COVID-19 FAIR EMERGENCY FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 FOR COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND COVID-19 FAIR EMERGENCY FUND		77-0012280	501C(3)	6,000.	0.			SCIENCE COMPETITION AWARD
500 EXECUTIVE BLVD. 0SSINING, NY 10562-4599 13-6007160 501C(3) 10,000. 0. SCIENCE AND ENGINEERING PAIR - PO BOX 240222 - ANCHORAGE, AX 99524 92-0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY PUND SCI & ENG PAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY PUND PORTLAND STATE UNIVERSITY POUNDATION - 1600 SN 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY PUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG PND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGEN				, -				
ALASKA SCIENCE AND ENGINEERING PAIR - PO BOX 240222 ANCHORAGE, AK 99524 92-0090257 501C(3) 6,800. 0. FUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 156 - FARMINGTON, MI 48332 0158 38 6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 47H AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FAIR, INC. FO BOX 1465 70 BOX 1465 74-1884595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 70 BOX 1465 74-1884595 501C(3) 10,000. 0. FUND SOURCE STATE SCIENCE FAIR FOUNDATION - REPEDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	OSSINING UFSD							
ALASKA SCIENCE AND ENGINEERING FAIR - PO BOX 240222 - ANCHORAGE, AK 99524 92-0090257 501C(3) 6,800. 0. FUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COVID-19 FAIR EMERGENCY TUCSON, AZ 85716 74-1884595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 74-1884595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR FOR FORD AND AND AND AND AND AND AND AND AND AN	500 EXECUTIVE BLVD.							
FAIR - PO BOX 240222 - ANCHORAGE, AR 99524 92-0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY PUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY COVID-19 FAIR EMERGENCY EMERGENCY EVEND SARREF SOUTHERN AZ RESEARCH SCI & ENCADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR FOULD STATE SCIENCE FAIR FOUNDATION - MERRDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COLUBER FAIR FOUNDATION - MERRDITH COLLEGE, 3800 HILLSBOROUGH STREET - COVID-19 FAIR EMERGENCY EMERGE	OSSINING, NY 10562-4599	13-6007160	501C(3)	10,000.	0.			SCIENCE COMPETITION AWARD
FAIR - PO BOX 240222 - ANCHORAGE, AR 99524 92-0090257 501C(3) 6,800. 0. COVID-19 FAIR EMERGENCY PUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY COVID-19 FAIR EMERGENCY EMERGENCY EVEND SARREF SOUTHERN AZ RESEARCH SCI & ENCADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR FOULD STATE SCIENCE FAIR FOUNDATION - MERRDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COLUBER FAIR FOUNDATION - MERRDITH COLLEGE, 3800 HILLSBOROUGH STREET - COVID-19 FAIR EMERGENCY EMERGE								
AK 99524 92-0090257 501C(3) 6,800. 0. FUND SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - FORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 74-1884595 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FORT CALLINS SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF								
SCI & ENG FAIR OF METRO DETROIT INC - PO BOX 158 - FARMINGTON, MI 48332-0158			E01 (7/2)	6 000	_			
INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	AK 99524	92-0090257	5010(3)	6,800.	0.			FUND
INC - PO BOX 158 - FARMINGTON, MI 48332-0158 38-6092183 501C(3) 10,000. 0. FUND PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	SCI & ENG FAIR OF METRO DETROIT							
### 48332-0158 ### 38-6092183 ### 501C(3) ### 10,000. 0. FUND **PORTLAND STATE UNIVERSITY								COVID-19 FAIR EMERGENCY
PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. FO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. SCIENCE ENGINEERING FAIR OF		38-6092183	501C(3)	10 000	0			
FOUNDATION - 1600 SW 4TH AVENUE, SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 74-1884595 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. SCIENCE ENGINEERING FAIR OF	3332 323	00 0032200	,	10,000.	•			
SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	PORTLAND STATE UNIVERSITY							
SUITE 730 - PORTLAND, OR 97201 93-0619733 501C(3) 10,000. 0. FUND SARSEF SOUTHERN AZ RESEARCH SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF								COVID-19 FAIR EMERGENCY
SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND	SUITE 730 - PORTLAND, OR 97201	93-0619733	501C(3)	10,000.	0.			FUND
SCI & ENG FND, 4574 E. BROADWAY BLV TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. COVID-19 FAIR EMERGENCY FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND								
TUCSON, AZ 85716 86-0946185 501C(3) 10,000. 0. FUND COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	SARSEF SOUTHERN AZ RESEARCH							
COLORADO STATE SCIENCE FAIR, INC. PO BOX 1465 FORT COLLINS, CO 80522-1465 FORT CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COVID-19 FAIR EMERGENCY COVID-19 FAIR EMERGENCY FUND COVID-19 FAIR EMERGENCY FUND	SCI & ENG FND, 4574 E. BROADWAY BLV							COVID-19 FAIR EMERGENCY
PO BOX 1465 FORT COLLINS, CO 80522-1465 FORT COLLINS, CO 80522-1465 NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COVID-19 FAIR EMERGENCY FUND SCIENCE ENGINEERING FAIR OF	TUCSON, AZ 85716	86-0946185	501C(3)	10,000.	0.			FUND
PO BOX 1465 FORT COLLINS, CO 80522-1465 FORT COLLINS, CO 80522-1465 NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. COVID-19 FAIR EMERGENCY FUND SCIENCE ENGINEERING FAIR OF								
FORT COLLINS, CO 80522-1465 74-1884595 501C(3) 10,000. 0. FUND NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	•							
NORTH CAROLINA SCIENCE FAIR FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF								
FOUNDATION - MEREDITH COLLEGE, 3800 HILLSBOROUGH STREET - RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF		74-1884595	501C(3)	10,000.	0.			FUND
3800 HILLSBOROUGH STREET - COVID-19 FAIR EMERGENCY RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF								
RALEIGH, NC 27607-5298 26-1888311 501C(3) 8,000. 0. FUND SCIENCE ENGINEERING FAIR OF	·							GOVED 10 HATE THERESEN
SCIENCE ENGINEERING FAIR OF		06 1000311	E010(3)	0.000				
	RALLIGH, NC 2/00/-5298	70-T0883TT	5010(3)	8,000.	0.			LOND
	SCIENCE ENGINEERING FAIR OF							
								COVID-19 FAIR EMERGENCY
209B - HOUSTON, TX 77204-5008	-	74-2073504	501C(3)	10,000.	0.			

(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
	recipients	Casii giaiii	Casi i assistance	(Sook, 1 WV, appraisal, strict)	
ADVOCATE GRANTS	99	190,000.	0.		
EVALUATOR STIPEND	137	152,400.	0.		
AWARDS FOR PARTICIPANTS IN SCIENCE EDUCATION					
COMPETITIONS	387	1,604,891.	0.		
Part IV Supplemental Information. Provide the information r	l equired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
ORGANIZATION RECIPIENTS ARE REQUI	ספר היי מסר	מודוט ג שרוני	רייייביאו ספרוופ	CT DETAILING	
HOW THE FUNDS WILL BE USED. INDIV	IDUAL RECI	PIENTS ARE	E PAID THEI	R AWARDS	
UPON RECEIPT OF APPLICABLE PAPERW	ORK FROM T	HE INDIVII	OUAL AND VE	RIFYING THAT	
THE INDIVIDUAL WON THE APPLICABLE	AWARD.				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SOCIETY FOR SCIENCE AND THE PUBLIC

 $Employer\ identification\ number \\ 53-0196483$

Ps	rt I Questions Regarding Compensation	0-10	<u> </u>	
1 0	att Questions riegarding compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		103	
···	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	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	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
2		2	х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		21	
2				
3	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the constant of the constant of February Cook Destable Constant A. Francisco			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
•		5a		х
a h	The organization? Any related organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
e	·			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	The organization?	60		Х
a		6a		X
D	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	Щ_

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MAYA AJMERA	(i)	371,791.	70,000.	17,385.	28,500.	30,735.	518,411.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL REZNIKOV	(i)	257,979.	10,000.	4,472.	25,435.	3,700.	301,586.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY SHUTE	(i)	218,755.	5,000.	4,944.	22,006.	1,300.	252,005.	0.
EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELE GLIDDEN	(i)	207,217.	5,000.	1,733.	20,946.	11,274.	246,170.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLENE COLLINS	(i)	184,279.	4,000.	2,712.	18,584.	31,747.	241,322.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRUCE MAKOUS	(i)	192,481.	6,000.	4,579.	20,025.	17,192.	240,277.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAYLE KANSAGOR	(i)	182,692.	5,000.	1,177.	18,970.	32,247.	240,086.	0.
CHIEF COMMUNICATIONS OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES MOORE	(i)	174,113.	4,000.	1,375.	17,854.	20,785.	218,127.	0.
CHIEF IT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CAITLIN GOLDBERG	(i)	165,259.	5,000.	1,330.	16,711.	11,274.	199,574.	0.
CHIEF OF EVENTS AND OPERAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD MAXWELL	(i)	144,880.	0.	1,879.	15,582.	33,227.	195,568.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RACHEL ALPER	(i)	144,738.	6,000.	853.	15,461.	19,300.	186,352.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JANET RALOFF	(i)	142,117.	0.	4,156.	14,803.	12,746.	173,822.	0.
EDITOR, SN FOR STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEPHEN EGTS	(i)	139,819.	2,500.	945.	14,167.	11,274.	168,705.	0.
CHIEF DESIGN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ERIC OLSON	(i)	146,711.	0.	1,318.	14,417.	1,840.	164,286.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 AT PART
VII, SECTION A.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 for instructions and the latest information.

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

Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu		_	6
4	Aut. Morto of out		items contributed	Tomi 990, Fait viii, line Tg				
1	Art - Works of art							
2	Art Frankisco Listanosta							
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	37	1	FO 101	T3.63.7			
9	Securities - Publicly traded	X	1	52,121.	FM V			
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 organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828						0	
	3	,	3				Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of							
JZd			~			32a		Х
L	contributions? If "Yes," describe in Part II.					JZd		-22
		aluma (a) f-:	o tupo of propert	for which column (a) is also	okod			
33	If the organization didn't report an amount in co	ווווווווו (C) 101	a type of property	nor which column (a) is chec	okeu,			
LLIA	describe in Part II. For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 200	<u> </u>	Cabadula ##	/Form	, 000	2020
LHA	FOI Paperwork Reduction Act Notice, See 1	uie ilistruci	uons for Form 990	J.	Schedule M	· rorm	1 330)	ZUZU

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

Schedule M (Form 990) 2020

Schedule M	1 (Form 990) 2020 SOC	IETY FOR	SCIENCE	AND THE	PUBLIC	53-0196483	Page 2
Part II	Supplemental Info is reporting in Part I, colu this part for any addition	rmation. Provum (b), the num	ide the information ber of contributio	on required by F ns, the number	Part I, lines 30b, 32b of items received,	o, and 33, and whether the organiza or a combination of both. Also comp	tion olete
	parties ary dualines.						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SOCIETY FOR SCIENCE AND THE PUBLIC

Employer identification number 53-0196483

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EVENTS WERE CHANGED FROM IN-PERSON TO VIRTUAL DUE TO THE COVID-19 AND

TRAVEL RESTRICTIONS.

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

MILLION FACEBOOK LIKES AND 3.8 MILLION TWITTER FOLLOWERS. SCIENCE NEWS FOR STUDENTS DREW 19.6 MILLION UNIQUE PAGE VIEWS IN 2020, AS WELL AS 1

MILLION FACEBOOK FOLLOWERS.

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

THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIR OF THE BOARD, THE VICE 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 IS PROVIDED TO THE SOCIETY'S AUDIT COMMITTEE FOR REVIEW AND COMMENTS. PRIOR TO FILING, THE FORM 990 WAS ALSO PROVIDED TO THE REST OF THE SOCIETY'S BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

KEY EMPLOYEES, ONCE A YEAR, OFFICERS, DIRECTORS, TRUSTEES, AND ALL OTHER

Name of the organization **Employer identification number** SOCIETY FOR SCIENCE AND THE PUBLIC 53-0196483 EMPLOYEES ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY POTENTIAL CONFLICTS BY FILLING OUT A FORM RESPONDING TO THIS INQUIRY. THESE REPONSES ARE REVIEWED BY THE SOCIETY'S MANAGEMENT. 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. THE SOCIETY 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 THE SOCIETY'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: MISCELLANEOUS: PROGRAM SERVICE EXPENSES 2,616,273. MANAGEMENT AND GENERAL EXPENSES 210,832. FUNDRAISING EXPENSES 0. 2,827,105. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,827,105.

** PUBLIC INSPECTION COPY **

Form 990-T		E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047			
			(and proxy tax under section 6033(e))		2020			
		For ca	lendar year 2020 or other tax year beginning, and ending	·	2020			
Department of the Treasury Internal Revenue Service			▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	., -	Open to Public Inspection for 501(c)(3) Organizations Only			
	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		•			
B Fxem	npt under section	Print	SOCIETY FOR SCIENCE AND THE PUBLIC	5	3-0196483			
	01(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Grou	p exemption number			
	08(e) 220(e)	Туре	1719 N ST NW	(see	instructions)			
40	08A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					
52	29(a) 529S		WASHINGTON, DC 20036	F	Check box if			
		С Во	ok value of all assets at end of year 102,426,509.		an amended return.			
G Che	eck organization t	type 🕨	- X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity			
H Che	eck if filing only to	<u> </u>	Claim credit from Form 8941 Claim a refund shown on Form 2439					
l Che	eck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	>			
			ed Schedules A (Form 990-T)		1			
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
			d identifying number of the parent corporation.					
			THE SOCIETY Telephone number	(202)785-2255			
Part			d Business Taxable Income					
		busine	ss taxable income computed from all unrelated trades or businesses (see		1.66 5.41			
				1	-166,541.			
-								
	' '							
	Deduction for net operating loss. See instructions Total of unrelated business taxable income before specific deduction and section 199A deduction.							
			_	7	-166,541.			
				9	1,000.			
			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	1.0	1,000.			
	enter zero							
Part		putat						
1 0	rganizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.			
			ates. See instructions for tax computation. Income tax on the amount on					
P	art I, line 11 from	1:	Tax rate schedule or Schedule D (Form 1041)	▶ 2				
3 P	roxy tax. See ins	structio	ns	▶ 3				
4 O	ther tax amounts	s. See i	nstructions	4				
5 A	lternative minimu	ım tax ((trusts only)	5				
	-		cility income. See instructions	6	0.			
7 T	7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7							
LHA F	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2020)			

Form 990-T (2020) Page 2 **Tax and Payments** Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 0. 2 2 Other taxes. Check if from: Form 4255 Form 8611 | Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ > __ b 6b Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. 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. Sign May the IRS discuss this return with Here PRESIDENT AND CEO the preparer shown below (see Signature of officer Date instructions)? X Yes No Print/Type preparer's name Preparer's signature if PTIN Date Check self- employed Paid ELIZABETH W. HELLER 10/06/21 P00397829 **Preparer**

SUITE 400

Form 990-T (2020)

42-0714325

Phone no. 202-293-2200

Firm's EIN ▶

Use Only

Firm's name ► RSM US LLP

2021 L STREET NW,

WASHINGTON, DC 20036

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 53-0196483 SOCIETY FOR SCIENCE AND THE PUBLIC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1719 N ST NW return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

3b

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number Name of the organization SOCIETY FOR SCIENCE AND THE PUBLIC 53-0196483 Unrelated business activity code (see instructions) > 541800 D Sequence: <u>E</u> Describe the unrelated trade or business ►ADVERTISING Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 386,753. 223,462. -163,291.Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 386,753. 13 223,462. -163,291.**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 Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement) (see instructions) 5 5 250. Taxes and licenses 6 6 Depreciation (attach Form 4562) (see instructions) 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11

Excess exempt expenses (Part VIII)

Other deductions (attach statement) SEE STATEMENT 1

column (C)

Deduction for net operating loss (see instructions)

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Excess readership costs (Part IX)

Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Schedule A (Form 990-T) 2020

3,000.

3,250.

-166,541.

-166,541.

12

13

14

15

16

12

13

14

15

16

17

18

Part	III Cost of Goods Sold Enter meth	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	•		1	
2	Purchases			_	
3	Cost of labor				_
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	roduced or acquired	for resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with F	Real Property)	
1	Description of property (property street address, city, st	ate, ZIP code). Checl	k if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I	, line 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (Se	ee instructions)			
1	Description of debt-financed property (street address, c	ity, state, ZIP code).	Check if a dual-use (se	e instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9/	6 9/	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	-			
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A)	>	0.
_	Alle 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		T	<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6	and D. Catantan	Allem Dent I Bros 7 1 1		0.
10 11	Total allocable deductions. Add line 9, columns A thro Total dividends-received deductions included in line		iu on Fart I, line 7, coll	······ (D)	<u>0 •</u>

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see i	nstructi	ions)	Page 3
		-					Exempt Contro	`			
Name of controlled organization		2. Employer identification number	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		nn 4 in the niza-	connected with	
(1)											
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7	'. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc		he		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		art I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Totals	\/!!	<u> </u>			(A) (4=)	<u></u>	<u> </u>		0.		0.
Part			of a Section 50	1(c)(7), (nization (s	ee instruc	tions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (at	4. Set-a		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				•	Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part		xempt A	Activity Income,	Other 1	han Adve		Income	see instru	ctions)		
1	Description of exploite			•							
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con						•	. ,			
	line 10, column (B)		•					•		3	
4	Net income (loss) from								Ī		
	lines 5 through 7								[4	
5	Gross income from ac									5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen										
	4 Enter here and on E	Oort II lino	10							7	

Schedule A (Form 990-T) 2020

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or m	ore periodicals on a co	onsolidated basi	S.	
	A SCIENCE NEWS		•			
	В					
	c 🗆					
	D					
Entor	- —	oorroopono	ling column			
Entera	amounts for each periodical listed above in the	Correspond	_	В	С	
•		_	223,462.	В	<u> </u>	D
2	Gross advertising income					222 462
	Add columns A through D. Enter here and on	Part I, line	11, column (A)		>	223,462.
а		_	206 852			
3	Direct advertising costs by periodical	_	386,753.			
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)		>	386,753.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	e				
	lines 5 through 7, and enter zero on line 8	I .	-163,291.			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is les					
	•					
	than line 6, enter zero	·····				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o	I .				
	line 4, enter the lesser of line 4 or line 7	_				
а	Add line 8, columns A through D. Enter the gr		e line 8a, columns tota	al or zero here an	id on	^
David	Part II, line 13		and Twisters		<u>P</u>	0.
Part	X Compensation of Officers, Dir	ectors, a	and trustees (see	e instructions)	T	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
Total						0.
Part	XI Supplemental Information (se	e instructio	ons)			
			•			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		3,000.
TOTAL TO SCHEDULE A, PART	II, LINE 14	3,000.