# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047

Α	For the	2023 calendar year, or tax year beginning and e	ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	SOCIETY FOR SCIENCE & THE PUBLIC			
F	Name change	- COCTEMY FOR COTEMOR		53-019648	33
Ē	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1719 N ST NW	E Telephone number 202-785-2255		
L	—lreturn/ termin- ated	·			70,829,224.
	□Ameno	<b>3</b>		G Gross receipts \$	
H	return Applic			<b>H(a)</b> Is this a group re for subordinates	
_	tion pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tay.eye	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1) or	527		list. See instructions
	Websit	ITTI GOGITETII OD GGITTIGE OD G	02 <i>1</i>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	1 Year		State of legal domicile: <b>DE</b>
		Summary	TE TOUT	51 101111ation: = = =   10	Ctate of logal dofficine, = =
	1	Briefly describe the organization's mission or most significant activities: ${ t SEE \ P}$	ART I	II, LINE 1.	
Governance					
ern	2	Check this box if the organization discontinued its operations or dispose		1 1	
ò	3			3	17 17
		Number of independent voting members of the governing body (Part VI, line 1b)			129
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Ξ	6	Total number of volunteers (estimate if necessary)			1700
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			372,215.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	
e	8	Contributions and grants (Part VIII, line 1h)		18,172,605. 5,516,906.	56,204,256. 5,457,902.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,008,725.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,710,035.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		307,368.	208,108.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,005,604.	63,580,301.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,461,339.	5,179,153.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	14 457 452
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,909,434. 248,757.	14,457,452. 165,796.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		240,/5/•	105,790.
Q X	b	Total fundraising expenses (Part IX, column (D), line 25) 3,038,57		17,326,134.	10 007 004
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,945,664.	18,807,984. 38,610,385.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		Revenue less expenses. Subtract line 18 from line 12		10,940,060.	24,969,916. End of Year
Assets or	j	T. I. (D. I.V.); 40)		86,756,152.	114,655,035.
SSe	ਰੂ 20 ਹ	Total assets (Part X, line 16)		13,270,432.	14,530,799.
Net A	-	Total liabilities (Part X, line 26)		73,485,720.	100,124,236.
_	art II	Net assets or fund balances. Subtract line 21 from line 20		13,403,120.	100,124,230.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etateme	nte and to the heet of my	knowledge and helief it is
	-	t, and complete. Declare that i have examined this return, including accompanying schedules a			Knowledge and belief, it is
truc	, 001100	and flowh	on propuror	11/14/202	1/1
Sic	ın	Signature of ot/icer		Date	
Sig He		DAVID JENKINS, CHIEF FINANCIAL OFFICER			
ПЕ	ıe	Type or print name and title			
_		Print/Type preparer's name  Preparer's signature		Date Check	PTIN
Pai	d	ELIZABETH W. HELLER Clipacity Selling		1/14/24 if self-employe	P00397829
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	, ,		2-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		THIII SLIN S	
200		BETHESDA, MD 20814-2930		Phone no 30	1-951-9090
Ma	v the IE	S discuss this return with the preparer shown above? See instructions		11 Holle Ho. 5 0	X Yes No
ivia	y 1.110 IF	C disease this retain with the preparer shown above; see matriculous			103 100

	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
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 20,398,195. including grants of \$ 5,177,153. ) (Revenue \$ 1,382,994.
	SCIENCE EDUCATION PROGRAMS - FOR DECADES, SOCIETY FOR SCIENCE HAS OFFERED WORLD-CLASS SCIENCE AND ENGINEERING RESEARCH COMPETITIONS FOR
	YOUNG PEOPLE. THROUGH THE REGENERON SCIENCE TALENT SEARCH, THE
	REGENERON INTERNATIONAL SCIENCE AND ENGINEERING FAIR, AND THE THERMO
	FISHER SCIENTIFIC JUNIOR INNOVATORS CHALLENGE THE SOCIETY ENCOURAGES
	AND REWARDS INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNING
	WHILE GROWING THE PIPELINE OF FUTURE STEM PROFESSIONALS.
4h	(Code:) (Expenses \$11, 298, 658including grants of \$ 2,000) (Revenue \$4,049,153
4b	(Code:) (Expenses \$II, 298,658. including grants of \$2,000. ) (Revenue \$4,049,153. SCIENCE NEWS - SOCIETY FOR SCIENCE WAS 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. WE ALSO CREATED SCIENCE
	NEWS EXPLORES, WHERE YOUNGER READERS, THEIR FAMILIES AND TEACHERS CAN
	EXPLORE NEW DISCOVERIES ACROSS SCIENCE, TECHNOLOGY, ENGINEERING, AND
	MEDICINE, AND LEARN HOW RESEARCH HELPS US ALL UNDERSTAND OUR WORLD AND
	OUR LIVES. THROUGH ITS SCIENCE NEWS LEARNING PROGRAM, THE SOCIETY
	PROVIDES SCIENCE NEWS MAGAZINE AND SUPPLEMENTARY EDUCATOR GUIDES TO MORE THAN 5,800 MIDDLE AND HIGH SCHOOLS ACROSS THE U.S., MAKING CURRENT
	SCIENCE ACCESSIBLE TO STUDENTS AND EDUCATORS. SCIENCE NEWS HAS MORE
	THAN 116,000 PAID SUBSCRIBERS, AND OVER 17 MILLION UNIQUE ONLINE USERS
4c	(Code:) (Expenses \$717,953. including grants of \$) (Revenue \$\$
	OUTREACH AND EQUITY - IN 2015, THE SOCIETY EXPANDED ITS PROGRAMMING TO
	INCLUDE OUTREACH AND EQUITY WORK, TO ENSURE THAT EVERY YOUNG PERSON IN
	THE UNITED STATES WITH AN INTEREST IN STEM, HAS THE OPPORTUNITY TO
	BECOME A SCIENTIST OR ENGINEER. THE ADVOCATE PROGRAM SUPPORTS EDUCATORS
	MENTORING UNDERREPRESENTED STUDENTS IN STEM FIELDS AND HELPING STUDENTS
	FIND AND COMPETE IN SCIENCE RESEARCH COMPETITIONS. TWO ANNUAL RESEARCH
	TEACHERS CONFERENCES, ONE FOR MIDDLE SCHOOL TEACHERS AND ONE FOR HIGH
	SCHOOL TEACHERS, BRING TOGETHER SCIENCE RESEARCH TEACHERS TO SHARE BEST PRACTICES, TROUBLESHOOT CHALLENGES AND DEVELOP A SUPPORT NETWORK FOR
	TEACHERS WHO LEAD STUDENTS IN SCIENTIFIC RESEARCH. THE SOCIETY'S STEM
	RESEARCH GRANTS HELP TEACHERS EXPAND AND ENHANCE INDEPENDENT RESEARCH
	PROGRAMS FOR STUDENTS, AND OUR STEM ACTION GRANTS PROVIDE CATALYTIC
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 197,469 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 32,612,275.
	Form <b>990</b> (202)

# Form 990 (2023) SOCIETY FOR SCIENCE & THE PUBLIC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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	
h	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		x
13	1.11	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a	Х	<del></del>
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140	- 21	<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	22	<del>                                     </del>
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	4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	├
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	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	

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# Form 990 (2023) SOCIETY FOR SCIENC 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
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		х
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
	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		Х
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	L	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  To 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	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	(2022)

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SOCIETY FOR SCIENCE & THE PUBLIC
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			37
_	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 contributions or gifts	٥.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

Form **990** (2023) 332005 12-21-23

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 17			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 appoint one or			
, .	more members of the governing body?	7a		Х
b		74		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decitor b requests information about policies not required by the internal networks decity)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records			
	DAVID JENKINS - 202-785-2255			
	1719 N ST NW, WASHINGTON, DC 20036			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	Position (do not check more than on box, unless person is both a officer and a director/trustee				n an	n compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MAYA AJMERA	37.50	_		.,				605 070	0	62.004
PRESIDENT & CEO	27 50	<u> </u>		Х				625,270.	0.	63,984.
(2) MICHAEL VOSS	37.50	-			,,			007 000	0	46 267
PUBLISHER - AS OF 01/2023	27 50				Х			227,923.	0.	46,367.
(3) NANCY SHUTE EDITOR IN CHIEF	37.50	1			X			246 014	0.	24 146
(4) MICHELLE GLIDDEN	37.50				^			246,814.	0.	24,146.
CHIEF PROGRAM OFFICER	37.30	1			х			233,988.	0.	33 761
(5) RACHEL ALPER	37.50				^			233,300.	0.	33,761.
CHIEF OPERATING OFFICER	37.30	1		х				232,740.	0.	33,501.
(6) JAMES MOORE	37.50			22				232,740.	<b></b>	33,301.
CHIEF TECHNOLOGY OFFICER	37.30	1			х			219,313.	0.	40,591.
(7) GAYLE KANSAGOR	37.50							223,3231		10,001
CHIEF COMMUNICATIONS OFFICER	3,130	1			х			210,535.	0.	48,703.
(8) EDWARD MAXWELL	37.50									
DIRECTOR OF FINANCE		1				x		175,885.	0.	44,231.
(9) CAITLIN GOLDBERG	37.50									-
CHIEF OF EVENTS & OPERARATION					Х			188,148.	0.	29,708.
(10) ERIC OLSON	37.50									
DIRECTOR OF ANNUAL GIVING						Х		180,375.	0.	16,653.
(11) DEMIAN PERRY	37.50									
DIGITAL DIRECTOR						X		175,543.	0.	17,441.
(12) STEPHEN EGTS	37.50	<u> </u>								
CHIEF DESIGN OFFICER						X		164,103.	0.	26,447.
(13) JANET RALOFF	37.50									
DIGITAL EDITOR						X		158,763.	0.	25,222.
(14) MATTHEW FULLER	37.50	1								
CFO - UNTIL 04/2023				Х				71,778.	0.	9,237.
(15) DAVID JENKINS	37.50	4		l				66.010	•	0 006
CFO - AS OF 09/2023	2 00		_	Х		_		66,812.	0.	9,326.
(16) MARY SUE COLEMAN	3.00	٠,,							_	^
CHAIR	2 00	Х		Х		_		0.	0.	0.
(17) MARTIN CHALFIE	3.00	<b>.</b> ,		7.7					<u> </u>	^
VICE CHAIR - UNTIL 11/2023	<u> </u>	X		Х				0.	0.	0. Form <b>990</b> (2022)

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53-0196483

Part VII Section A Officers Directors Trus									33 0130	<b>10</b> 3 Fage <b>0</b>
Continue of the cross of the control										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>ነ</b> than (	one	Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation	amount of
	week (list any			-		1	,	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	ll trus		ee,	mpen		1099-NEC)	1000 NEO)	and related
	below	dual t	ntio na	_	ey employee	st co	-	10001120,		organizations
	line)	Indivi	In stitutional trustee	Officer	Key er	Highest compensated employee	Former			
(18) THOMAS F. ROSENBAUM	3.00									
AT LARGE - UNTIL 11/2023, VICE CHAIR		Х		Х				0.	0.	0.
(19) HAYLEY BAY BARNA	3.00									
TREASURER		Х		Х				0.	0.	0.
(20) CHRISTINE BURTON	3.00									
SECRETARY		Х		Х				0.	0.	0.
(21) ADAM BLY	3.00									
TRUSTEE		Х						0.	0.	0.
(22) CHRISTOPHER BOUTON	3.00									
TRUSTEE - AS OF 05/2023		Х						0.	0.	0.
(23) LANCE R. COLLINS	3.00									
TRUSTEE		Х						0.	0.	0.
(24) MARIETTE DICHRISTINA	3.00									
TRUSTEE		Х						0.	0.	0.
(25) TESSA M. HILL	3.00									
TRUSTEE		Х						0.	0.	0.
(26) GARY E. KNELL	3.00									
TRUSTEE - AS OF 11/2023		X						0.	0.	0.
1b Subtotal								3,177,990.	0.	469,318.
c Total from continuation sheets to Part VI							• •	0.	0.	0.
d Total (add lines 1b and 1c)								3,177,990.	0.	469,318.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RMRK LLC		
10 SW ASH STREET, PORTLAND, OR 97204	EVENT SERVICES	1,532,278.
QUAD/GRAPHICS, INC, N61 W23044 HARRY'S	MANUFACTURING/PRINTI	
WAY, SUSSEX, WI 53089-3995	NG SERVICES	1,108,604.
AVALON CONSULTING GROUP INC, 805 15TH		
STREET NW, SUITE 700, WASHINGTON, DC 20005	CONSULTING SERVICES	875,403.
CENTERPLATE, 1 INDEPENDENCE POINT, SUITE	FOOD AND BEVERAGE	
305, GREENVILLE, SC 29615	SERVICES	819,165.
GLOBAL EXPERIENCE SPECIALISTS INC.		
PO BOX 96174, CHICAGO, IL 60673	EVENT SERVICES	807,146.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 36		
~	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 SOCIETY	FOR SCIE	:NC	<u>'E</u>	&	TH	Ε	PU	BLIC	53-019	6483
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		99/	Highest compensated employee				organizations
	below	dualt	utiona	_	oldm	stco	je.			organizations
	line)	Indivi	Instit	Officer of the or	Key employee	Highe	Former			
(27) CHARLES MCCABE	3.00									
TRUSTEE		Х						0.	0.	0.
(28) W.E. MOERNER	3.00							-	-	
TRUSTEE		Х						0.	0.	0.
(29) DIANNE K. NEWMAN	3.00							-	-	
TRUSTEE		Х						0.	0.	0.
(30) RODERIC IVAN PETTIGREW	3.00									
TRUSTEE		Х						0.	0.	0.
(31) AFTON VECHERY	3.00									, ,
TRUSTEE		Х						0.	0.	0.
(32) GIDEON YU	3.00									
TRUSTEE		Х						0.	0.	0.
(33) FENG ZHANG	3.00									
TRUSTEE		Х						0.	0.	0.
			_							
							<u> </u>			
		-								
			_	_		_				
		-								
			-							
		ŀ								
							<u> </u>			
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ي ق		Fundraising events 1c					
fts, r A		Related organizations 1d					
ig ig		Government grants (contributions)	263,547.				
Sin		All other contributions, gifts, grants, and					
uti je r		similar amounts not included above <b>1f</b>	55,940,709.				
ĢË		Noncash contributions included in lines 1a-1f  1g \$					
ou				56,204,256.			
OB		Total. Add lines 1a-1f	Business Code	30,201,230:			
_	•	SCIENCE NEWS	513120	3,702,693.	3,702,693.		
ice	2 6		611710	1,382,994.	1,382,994.		
er ue	ı	SCIENCE NEWS ADVERTISING	541800	346,460.	1,302,334.	346,460.	
n S	•		459900	-		25,755.	
gra Re	•	MERCHANDISE SALES	433300	25,755.		23,733.	
Program Service Revenue	(						
-		All other program service revenue		F 4F7 000			
-		Total. Add lines 2a-2f		5,457,902.			
	3	Investment income (including dividends, interes		1 500 005			1 5 0 0 0 0 5
		other similar amounts)		1,509,205.			1509205.
	4	Income from investment of tax-exempt bond pr	oceeds	100 535	154 052		11.604
	5	Royalties		188,737.	174,053.		14,684.
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 7,449,753.					
	ı	Less: cost or other basis					
an l		and sales expenses <b>7b</b> 7,248,923.					
ther Revenue	(	Gain or (loss) 7c 200,830.					
æ	(	Net gain or (loss)		200,830.			200,830.
her	8 8	Gross income from fundraising events (not					
8		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold10b					
$\Box$	(	Net income or (loss) from sales of inventory					
<sub>ω</sub>			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	19,371.			19,371.
ane	ı	·					
eve	(	;					
Ais. B	(	All other revenue					
_		Total. Add lines 11a-11d		19,371.			
	12	Total revenue. See instructions		63,580,301.	5,259,740.	372,215.	1744090.

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
_	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	265,000.	265,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,599,287.	4,599,287.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	314,866.	314,866.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,662,646.	1,996,915.	497,038.	168,693.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,082,466.	7,363,906.	550,948.	1,167,612.
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	794,345.	644,404.	44,547.	105,394.
9	Other employee benefits	1,038,660.	831,177.	79,701.	127,782.
10	Payroll taxes	879,335.	701,778.	75,915.	101,642.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	277,588.	226,917.	39,703.	10,968.
С	Accounting	87,099.		87,099.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	165,796.			165,796.
f	Investment management fees	118,275.		118,275.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	6,353,253.		862,935.	94,500.
12	Advertising and promotion	682,537.			86,624.
13	Office expenses	1,050,647.	566,275.	457,686.	26,686.
14	Information technology	2,050,200.	1,662,096.	71,224.	316,880.
15	Royalties				
16	Occupancy	1,082,937.	965,091.	49,980.	67,866.
17	Travel	1,695,277.	1,663,515.	15,076.	16,686.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,292,368.	1,284,871.	4,655.	2,842.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,862.	11,640.	105.	117.
23	Insurance	258,603.	253,758.	2,300.	2,545.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND PRODUCTION	2,341,449.	1,989,503.	1,432.	350,514.
b	POSTAGE & DELIVERY COST	1,505,835.	1,279,491.	921.	225,423.
C	EXPENSE REIMBURSEMENTS	54.	54.	221.	
d		510			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	38,610,385.	32,612,275.	2,959,540.	3,038,570.
26	Joint costs. Complete this line only if the organization	, . = . ,		_,,	-,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

ı u	LA	Balance Officet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	4	Cook non-interest bearing			5,981,685.	1	1,551,275.
	1	Cash - non-interest-bearing	10,121,977.	2	19,037,919.		
	2	Savings and temporary cash investments	38,250,701.	3	60,569,206.		
	3	Pledges and grants receivable, net	3,849,056.	4	696,276.		
	4	Accounts receivable, net			3,049,030.	4	090,270.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa		E			
	_	controlled entity or family member of any of these Loans and other receivables from other disqualifi		5			
	6	under section 4958(f)(1)), and persons described		: 4050(-\/0\/D\		6	
	7	*******				7	
Assets	7	Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use			640,398.	9	540,914.
-	9				040,3301	9	340,314.
	IUa	Land, buildings, and equipment: cost or other	100	5,009,776.			
	h	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	3,652,384.	230,359.	10c	1,357,392.
	11	Investments - publicly traded securities	IUU		27,075,035.	11	29,483,168.
	12	Investments - other securities. See Part IV, line 1			27707370331	12	23,103,100
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	606,941.	15	1,418,885.		
	16	Total assets. Add lines 1 through 15 (must equa	86,756,152.	16	114,655,035.		
	17	Accounts payable and accrued expenses		2,193,712.	17	2,337,646.	
	18	Grants payable	5,080,378.	18	5,289,539.		
	19	Deferred revenue		4,166,342.	19	4,315,936.	
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Complete P				21	
w	22	Loans and other payables to any current or former					
ij		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
<u>"</u>	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,830,000.	25	2,587,678.
	26	Total liabilities. Add lines 17 through 25			13,270,432.	26	14,530,799.
		Organizations that follow FASB ASC 958, chec	k here	X			
seo		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			21,350,251.	27	24,844,775.
Ba	28	Net assets with donor restrictions			52,135,469.	28	75,279,461.
PL		Organizations that do not follow FASB ASC 95	8, che	ck here			
도		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Se	30	Paid-in or capital surplus, or land, building, or equ		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			T2 405 500	31	100 104 006
8	32	Total net assets or fund balances			73,485,720.	32	100,124,236.
	33	Total liabilities and net assets/fund balances			86,756,152.	33	114,655,035.
							Form <b>990</b> (2023)

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,58</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,61			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	,48	5,7	20.	
5	Net unrealized gains (losses) on investments	5	1	,80	5,6	00.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-13	7,0	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	100	,12	4,2	36.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	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 on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	X		
	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						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2023)	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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 53 – 0196483

		2001	EII FUR SC.	геисе « тие і	, орпт(	-	3	3-0130403	
Pa	art I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	i).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
_		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7		An organization that norma	-					oublic described in	
•		section 170(b)(1)(A)(vi). (C	•	mar part of its support if	om a gove	on more and	anic or from the general		
8		A community trust describe		1)(A)(vi) (Complete Part	F II \				
		•			•	nd in coni	unation with a land grant	collogo	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or	
	Ū	university:							
10	X	An organization that norma							
		activities related to its exem		· ·				-	
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	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 carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on	
		lines 12a through 12d that	describes the type of	supporting organization	n and comp	plete lines	12e, 12f, and 12g.		
а	ı 🗀	<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b	, [	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus			•		0 11		
c	; [	Type III functionally inte	-		in connect	ion with, a	and functionally integrate	ed with.	
		its supported organization					• •	,	
c		Type III non-functionally						zation(s)	
		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	* *	
		requirement (see instructi	•	• •	•		•	7011000	
e		Check this box if the orga	•						
	· L						Type i, Type ii, Type iii		
	Ente	functionally integrated, or er the number of supported o		ially integrated supporting	ig organiz	ation.			
'		ritle humber of supported critical time in the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(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 <b>Yes</b>		support (see instructions)	support (see instructions)	
				above (see instructions))	165	No			

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

#### 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.)

Sec	etion A. Public Support	ciow, picade comp	noto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(3) = 2 · 2	(.,	(-,	(4)	(-,	(,, , , , , , , , , , , , , , , , , , ,
	include any "unusual grants.")	1507385.	10546075.	12540836.	18172605.	56204256.	98971157.
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	5311344.			5332273.		
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						
	Total. Add lines 1 through 5	6818729.	<u> 15211537.</u>	<u> 16621330.</u>	23504878.	61463996.	123620470
	Amounts included on lines 1, 2, and 3 received from disqualified persons	1061050.	2872250.	2948210.	3581844.	757,500.	11220854.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	1061050.	2872250.	2948210.	3581844.	757,500.	
	Public support. (Subtract line 7c from line 6.)						112399616
	ction B. Total Support			T	T	Г	т
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	6818/29.	1521153/.	16621330.	23504878.	61463996.	123620470
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1055915.	1046099.	1432076.	990,140.	1523889.	6048119.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1055915.	1046099.	1432076.	990,140.	1523889.	6048119.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,271.	19,538.	10,928.			63,600.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				•	•	129732189
14	First 5 years. If the Form 990 is for the	o .			•	( ) ( )	· —
Ser	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (li			column (f)\		15	86.64 %
	Public support percentage from 2022		•			16	77.56 %
	etion D. Computation of Inves					, ,, ,	1 1 2 2 2 70
	Investment income percentage for 20			ne 13, column (f))		17	4.66 %
	Investment income percentage from 2					18	7.40 %
	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2022. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organization	n did not check a l	hay an line 1/1 10/	a or 10h chack th	ue hav and eag inc	tructions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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
L	1		
$\perp$	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
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	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
	10b	~ 000\	2002

Par	t IV   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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion 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.	1		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described on 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			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
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	instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 <b>Part VI identify</b>			
	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.	2a		
	Did the activities described on 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	O.L		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 gamenton one los a casetanta acgree of allocaton over the policies, programs, and activities of caon			

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part \	✓ Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mu		•					
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 N	et short-term capital gain	1						
	ecoveries of prior-year distributions	2						
	ther gross income (see instructions)	3						
	dd lines 1 through 3.	4						
	epreciation and depletion	5						
	ortion of operating expenses paid or incurred for production or							
	ollection of gross income or for management, conservation, or							
	aintenance of property held for production of income (see instructions)	6						
	ther expenses (see instructions)	7						
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 A	ggregate fair market value of all non-exempt-use assets (see							
in	structions for short tax year or assets held for part of year):							
a A	verage monthly value of securities	1a						
b A	verage monthly cash balances	1b						
<b>c</b> Fa	air market value of other non-exempt-use assets	1c						
d To	otal (add lines 1a, 1b, and 1c)	1d						
e D	iscount claimed for blockage or other factors							
(e	xplain in detail in <b>Part VI</b> ):							
<b>2</b> Ad	cquisition indebtedness applicable to non-exempt-use assets	2						
<b>3</b> St	ubtract line 2 from line 1d.	3						
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
se	ee instructions).	4						
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5						
<b>6</b> M	ultiply line 5 by 0.035.	6						
<b>7</b> Re	ecoveries of prior-year distributions	7						
	inimum Asset Amount (add line 7 to line 6)	8						
Section	C - Distributable Amount			Current Year				
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1						
<b>2</b> Er	nter 0.85 of line 1.	2						
<b>3</b> M	inimum asset amount for prior year (from Section B, line 8, column A)	3						
	nter greater of line 2 or line 3.	4						
<b>5</b> In	come tax imposed in prior year	5						
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to							
er	nergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see				

Schedule A (Form 990) 2023

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	on D - Distributions				Current Year			
_1_	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
_4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023			
_1_	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i_	Carryover from 2018 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
<u> </u>	e Excess from 2023							

Schedule A (Form 990) 2023

Schedu	ule A (Form	990) 2023		SOCIETY	FOR	SCIE	ENCE	& 5	ГНЕ	PUBLIC	53-019648	3 Page 8
Part	VI Sup Part line 1	<b>plementa</b> IV, Section A ; Part IV, Sec	., lines 1, ction D, li	<b>nation.</b> Prov 2, 3b, 3c, 4b, nes 2 and 3; F	vide the 6 4c, 5a, 6 Part IV, Se	explanation, 9a, 9b, 9ection E,	ons requ Oc, 11a lines 1d	uired b , 11b, a c, 2a, 2	y Part I and 11 b, 3a, a	II, line 10; Part II, c; Part IV, Sectic and 3b; Part V, li	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Secti ne 1; Part V, Section B, line 1e;	on C,
	(See	instructions.	, 6, and 8 )	s; and Part V, S	section E	i, lines 2,	o, and	b. Also	comp	lete this part for	any additional information.	
SCHE	DULE .	A, PAR	r III									
	COCTE	DEG			. an				OTTO			
THE	SOCIE	TY RECI	TI VED	UNUSUA	L GRA	ANTS	AS I	4.OPT	OWS	:		
2019	): 17	,610,76	58									
2020	): 11	<u>,771,93</u>	32									
2021	.: 7	,943,29	91									

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

SOCIETY FOR SCIENCE & THE PUBLIC 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), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>30,364,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>6,600,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,305,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 5,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 675,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$573,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 535,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 427,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 378,754.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  \$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 325,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$182,600.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 115,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$105,000.	Person X Payroll

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions  \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 69,834.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions  \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$41,624.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions  \$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$2,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$31,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>25,483.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Name, address, and ZIF + 4	\$ 25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 20,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person X Payroll

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>15,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions  \$ 13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u>12,500.</u>	Person X Payroll

Name of organization

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ <u>11,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$10,000.	Person X Payroll

Employer identification number

Name of organization

Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	Total contributions  \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$10,000 <b>.</b>	Person X Payroll

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$10,000 <b>.</b> _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	- Nume, address, and En 1 7	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$8,577.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$8,508.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Name, address, and Zir + 4	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$6,811.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$6,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 76	Name, address, and ZIP + 4	Total contributions  \$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,817.	Person X Payroll

Name of organization Employer identification number

## SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,082.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Hume, dudices, and En 1 7	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person X Payroll

Schedule B (Form 990) (2023) Pag

Name of organization

Employer identification number

### SOCIETY FOR SCIENCE & THE PUBLIC

53-0196483

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	Total contributions  \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$5,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

SOCIE'	TY FOR SCIENCE & THE PUBLIC	53	3-0196483
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization Employer identification number

### SOCIETY FOR SCIENCE & THE PUBLIC

53-0196483

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
323453 12-26.			Schedule B (Form 990) (2023)

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

### **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 Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

**Employer identification number** 53-0196483

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	·······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Co	ollections of Art	t. Historical Tre	asures. or O	ther Si		ets (cont		age 🗲	
								nu <del>e</del> u)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).									
_										
a				nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col						art XIII.			
5	During the year, did the organization solicit or								,	
Da	to be sold to raise funds rather than to be mai						Yes		<u>No</u>	
Pai	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes	" on Forr	n 990, Part I\	V, line 9, or			
	reported an amount on Form 990, Part	•								
1a	Is the organization an agent, trustee, custodia								٦	
	on Form 990, Part X?						Yes		」No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:		1					
							Amou	nt		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo						Yes		No	
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, I	ine 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three years ba	ıck <b>(e)</b> Fol	r years	back	
1a	Beginning of year balance	4,229,835.	4,796,015.	2,790,8	72.	2,177,41	4. 1	,605,	580.	
b	Contributions	209,681. 67,255. 300,000. 300							000.	
С	Net investment earnings, gains, and losses	302,716.	-415,870.	301,5	36.	313,45	8.	271,	834.	
d	Grants or scholarships		•							
e	Other expenditures for facilities									
_	and programs	268,621.	217,565.							
f	Administrative expenses	,	,							
g g	End of year balance	4,473,611.	4,229,835.	3,092,4	08.	2,790,87	2. 2	,177,	414.	
2	Provide the estimated percentage of the curre		· · · · · ·					, ,		
a	Board designated or quasi-endowment	• 0 0 0 0	%	) Held as.						
	Permanent endowment 99.8900	%								
b	1100									
С										
_	The percentages on lines 2a, 2b, and 2c should be a sh	•								
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	id administered	for the			Vaa	Na	
	organization by:						- m	Yes	No	
	(i) Unrelated organizations?						3a(i)		X	
									Х	
b	If "Yes" on line 3a(ii), are the related organizat						3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme		<b>5</b>							
	Complete if the organization answered			<u> </u>	art X, line	10.				
	Description of property	(a) Cost or of basis (investment)	, ,	or other (other)	(c) Accu depred		( <b>d</b> ) Boo	ok valu	е	
12	Land	,		6,946.	аэргос		2	6,9	46.	
b	Land				1 52	1,182.		<del>- , , , .</del>	0.	
	Buildings		1,52	_,	<u> </u>	_,			<u> </u>	
C	Leasehold improvements	I	72	5,666.	7 2	5,666.			0.	
d	Equipment					5,536.	1,33	<u> </u>		
	Other		•				1,35			
ıota	. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Part	X, line 10c, column	<u>(B))</u>			<b>1,33</b>	1,5	74.	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SOCIETY FOR Part VII Investments - Other Securities	SCIENCE & TH		-0196483 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 900 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(b) Book value	(c) Mothod of Valuation. Cost of one	a or your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	(2)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED POST-RETIREMENT BE			1,943,000.
(3) OPERATING LEASE LIABILITY,	NET		644,678.
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(6) (7) (8)

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line		Revenue per Re	turn	
1				1	66,260,626.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	00,200,020.
z a	Net unrealized gains (losses) on investments	2a	1,805,600.		
b	Donated services and use of facilities		993,000.		
c	Recoveries of prior year grants		333,000	1	
d	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d			2e	2,798,600.
3	Subtract line <b>2e</b> from line <b>1</b>			3	63,462,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Ŭ	00,102,0200
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,275.		
b	Other (Describe in Part XIII.)			1	
	Add lines 4a and 4b			4c	118,275.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	39,485,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			·	
a	Donated services and use of facilities	2a	993,000.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	993,000.
3	Subtract line <b>2e</b> from line <b>1</b>			3	38,492,110.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,275.		
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	118,275.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.	5	38,610,385.		
	t XIII Supplemental Information	/			,
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
PAI	RT V, LINE 4:				
ינוית	ORGANIZATION'S ENDOWMENT IS TO BE USED	ת∩ פווסם	<b>○□Ⅲ ○□ ፫፻□</b> ፮	MD	DD OCD AMC
1111	ORGANIZATION S ENDOWMENT IS TO BE USED	10 50FF	ORI OR EXPA	עואד	FROGRAMS
тна	AT IMPACT K-12 STUDENTS, AND IF NECESSAR	Y. FOR G	ENERAL OPER	АТІ	NG
	<u></u>				
EXI	PENSES.				

### SCHEDULE F (Form 990)

Department of the Treasury

### 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.

Open to Public

Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

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

Inspection

**Employer identification number** 

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

			n be duplicated if additional space is nee		(6) Tata!
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
	in the region	l agents and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTMAKING		1,667.
EAST ASIA AND THE					
PACIFIC	0	0	GRANTMAKING		115,044.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTMAKING		65,255.
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTMAKING		54,083.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	0	GRANTMAKING		26,650.
RUSSIA AND					
NEIGHBORING STATES	0	0	GRANTMAKING		6,600.
SOUTH AMERICA	0	0	GRANTMAKING		20,800
SOUTH ASIA	0	0	GRANTMAKING		7,200
3 a Subtotal	0	0			297,299
<b>b</b> Total from continuation					
sheets to Part I	0	17			461,231
c Totals (add lines 3a					
and 3b)	0	17			758,530.

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

Schedule F (Form 990) 2023

Part I Continuatio			NCE & THE PUBLIC  1. (Schedule F (Form 990), Part I, line 3	33-019040	3 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		17,567.
EAST ASIA AND THE					
PACIFIC	0	1	PROGRAM SERVICES	EDITORIAL CONTENT	2,200.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	5	PROGRAM SERVICES	EDITORIAL CONTENT	23,775.
					4 450
SOUTH AMERICA	0	1	PROGRAM SERVICES	EDITORIAL CONTENT	1,450.
SOUTH ASIA	0	2	PROGRAM SERVICES	EDITORIAL CONTENT	1,800.
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	EDITORIAL CONTENT	5,200.
EUROPE (INCLUDING		2	I ROOMIN DINVICED	VIRTUAL PLATFORMS FOR SCIENCE COMPETITIONS AND ALUMNI NETWORK & DONOR	3,200.
ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	MGMT SYSTEM	58,211.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED				VIRTUAL PLATFORMS FOR SCIENCE COMPETITIONS AND ALUMNI NETWORK & DONOR	
STATES	0	2	PROGRAM SERVICES	MGMT SYSTEM	351,028.
Totals		17			461,231.

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)		
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

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

**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		(d) Amount of	(a) Manney of	(f) Amount of	(a) Description of	(h) Mothod of
(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						
STUDENT AWARD	AND THE CARIBBEAN	3	1,667.	EFT	0.		
CENTER AND D	EAST ASIA AND THE		100 044				
STUDENT AWARD	PACIFIC	99	109,044.	EFT	0.		+
	EUROPE (INCLUDING						
	ICELAND &						
STUDENT AWARD	GREENLAND)	47	65,255.	EFT	0.		
	WIDDLE ENGE AND						
STUDENT AWARD	MIDDLE EAST AND NORTH AFRICA	43	44,083.	r r r	0.		
STODENT AWARD	NORTH AMERICA -	43	44,003.	511	•		
	CANADA AND						
	MEXICO, BUT NOT						
STUDENT AWARD	THE UNITED STATES	6	16,650.	EFT	0.		
	RUSSIA AND						
STUDENT AWARD	NEIGHBORING STATES	1	6,600.	rem	0.		
STUDENT AWARD	STATES	1	0,000.	DF I	0.		
STUDENT AWARD	SOUTH AMERICA	6	10,800.	EFT	0.		
STUDENT AWARD	SOUTH ASIA	11	7,200.	RFT	0.		
2.52411 141111112	230111 115111	11	7,200.	<del></del>			
	SUB-SAHARAN						
STUDENT AWARD	AFRICA	5	17,567.	EFT	0.		

## Schedule F (Form 990) 2023 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

# Schedule F (Form 990) 2023 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: ORGANIZATION RECIPIENTS ARE REQUIRED TO PROVE THEIR NEED FOR A HOUSING/TRAVEL GRANT TO ATTEND ISEF. INDIVIDUAL RECIPIENTS ARE PAID THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM THE INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD.

### **SCHEDULE G** (Form 990)

### **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

SOCIETY	FOR SCIENCE & THE	PUI	BLIC	C	53-0196	483
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part						
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e X Solicitat f X Solicitat g X Special or oral agreement with any individual	tion of tion of fundra (includ	non-g gover aising of	overnment grants nment grants events fficers, directors, trus		<b></b>
<ul><li>key employees listed in Form 990, Pa</li><li>b If "Yes," list the 10 highest paid indiv</li><li>compensated at least \$5,000 by the</li></ul>	riduals or entities (fundraisers) pursua			· ·	X Yes he fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING - 805 15TH		Yes	No			
ST NW #700, WASHINGTON, DC	CONSULTING		Х	0.	165,796.	-165,796.
					165,796.	-165,796.
List all states in which the organizatio or licensing.     AL, AK, AR, CA, CO, CT, DC, I						
ND,OH,OK,OR,PA,RI,SC,						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

	edul I <b>rt I</b>	Fundraising Events. Complete if the	ne organization answere		t IV, line 18, or reported	
		of fundraising event contributions and gro	oss income on Form 990 (a) Event #1	0-EZ, lines 1 and 6b. List e	vents with gross receipt (c) Other events	(d) Total events (add col. (a) through
e)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses		Rent/facility costs				
Direct Expenses		Food and beverages				
Dire	8	Entertainment				
		Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
Pa	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	ກ 990, Part IV, line 19, or ເ	eported more than	
une			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
S	2	Cash prizes				
sesued		Noncash prizes				
Direct Exp		Rent/facility costs				
٥	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			

Schedule G (Form 990) 2023

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain: \_

332082 09-13-23

Schedule G (Form 990) 2023 SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a  %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events by	
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gamin	ng revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organize	ations or spent in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, col	umps (iii) and (v): and Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAIN	FUNDRAISERS:
(I) NAME OF FUNDRAISER: AVALON CONSULTING	
. ,	
(I) ADDRESS OF FUNDRAISER: 805 15TH ST NW #700, WASH:	INGTON, DC 20005
COMEDINE C. DADE T. LINE 2.	
SCHEDULE G, PART I, LINE 3:	
THE ORGANIZATION PAID AVALON CONSULTING \$165,796 FOR	PROFESSIONAL
EINDDATGING GEDUTGEG BUE ODGANTEARTON ATGO DATE TO	ETDW #660 750 505
FUNDRAISING SERVICES. THE ORGANIZATION ALSO PAID THE PRINTING AND MAILING COSTS.	FIKM \$009,/50 FUK
TIVITIA THE THE COSTS.	

Schedule G	G (Form 990)	SOCIETY F	OR	SCIENCE	&	THE	${ t PUBLIC}$	53-0196483	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continue	d)						
		Continue	u)						
-									
-									
-									
1									
-									
					_				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483  Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (if applicable)  (d) Amount of cash grant  (e) Amount of noncash assistance  (f) Method of valuation (book, FMV, appraisal, other)  (g) Description of noncash assistance  or assistance
AMEDICAN HEDITAGE COHOOL
AMERICAN HERITAGE SCHOOL  BOCA-DELRAY - 6200 LINTON
BOULEVARD - DELRAY BEACH, FL 33484 65-0885510 501(C)(3) 6,000. 0. SCIENCE COMPETITION AWARD
BERGEN COUNTY ACADEMIES
200 HACKENSACK AVENUE
HACKENSACK, NJ 07601 22-6002432 501(C)(3) 12,000. 0. SCIENCE COMPETITION AWARD
BOSTON UNIVERSITY ACADEMY  1 UNIVERSITY ROAD
BOSTON, MA 02215 04-2103547 501(C)(3) 6,000. 0. SCIENCE COMPETITION AWARD
DOSIGN, MI 02215 04 2103347 SOT(C)(3) 0,000.
BRONX HIGH SCHOOL OF SCIENCE
75 WEST 205TH STREET
BRONX, NY 10468 13-3763299 501(C)(3) 12,000. 0. SCIENCE COMPETITION AWARD
BYRAM HILLS HIGH SCHOOL
12 TRIPP LANE
ARMONK, NY 10504 12-6007152 501(C)(3) 10,000. 0. SCIENCE COMPETITION AWARD
GREENWICH HIGH SCHOOL 1
10 HILLSIDE ROAD
GREENWICH, CT 06830 06-6002006 501(C)(3) 10,000. 0. SCIENCE COMPETITION AWARD
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other A	(SSISIAIICE IU DUI		and Domestic Go	Veriments (Sch			I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERRICKS HIGH SCHOOL							
999B HERRICKS ROAD							
NEW HYDE PARK, NY 11040	11-6003159	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWAR
HORACE GREELEY HIGH SCHOOL							
70 ROARING BROOK ROAD							
CHAPPAQUA, NY 10514	13-6007141	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARI
ILLINOIS MATHEMATICS AND SCIENCE							
ACADEMY - 1500 SULLIVAN ROAD -							
AURORA, IL 60506	36-3422943	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
JERICHO SENIOR HIGH SCHOOL							
99 CEDAR SWAMP ROAD							
JERICHO, NY 11753	11-6002037	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
JESUIT HIGH SCHOOL							
9000 SW BEAVERTON HILLSDALE HIGHWAY							
PORTLAND, OR 97225	93-0448866	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
MASSACHUSETTS STATE SCIENCE &							
ENGINEERING FAIR - 955							
MASSACHUSETTS AVENUE, #350 -	04 0707400	504 (5) (0)					L
CAMBRIDGE, MA 02139	04-2707499	501(C)(3)	7,000.	0.			EQUITABLE ACCESS FUND
MILLBURN HIGH SCHOOL							
462 MILLBURN AVENUE							
MILLBURN, NJ 07041	22-6002084	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARI
MONTGOMERY BLAIR HIGH SCHOOL							
51 UNIVERSITY BOULEVARD EAST							
SILVER SPRING, MD 20901	52-6000989	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARI
NORTH CAROLINA SCHOOL OF SCIENCE							
AND MATHEMATICS - 1219 BROAD							
STREET - DURHAM, NC 27705	56-1250756	501(C)(3)	20,000.	0.			SCIENCE COMPETITION AWARD

Part II Continuation of Grants and Other	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ruge
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA SCIENCE FAIR							
FOUNDATION - 3800 HILLSBOROUGH							
STREET - RALEIGH, NC 27607-5298	26-1888311	501(C)(3)	10,000.	0.			EQUITABLE ACCESS FUND
OSSINING HIGH SCHOOL							
29 SOUTH HIGHLAND AVENUE							
OSSINING, NY 10562	13-6007160	501(C)(3)	12,000.	0.			SCIENCE COMPETITION AWARD
PAUL D. SCHREIBER HIGH SCHOOL							
101 CAMPUS DRIVE							
PORT WASHINGTON, NY 11050	11-6001994	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PELHAM MEMORIAL HIGH SCHOOL							
575 COLONIAL AVENUE							
PELHAM, NY 10803	13-6016045	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS ACADEMY							
180 MAIN STREET	04 2102570	E01/G)/2)	6 000	_			GOTENGE COMPENSATION AWARD
ANDOVER, MA 01810	04-2103579	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
SANTA CRUZ COUNTY OFFICE OF							
EDUCATION - 400 ENCINAL STREET -							
SANTA CRUZ, CA 95060	94-6002633	501(C)(3)	7,000.	0.			EQUITABLE ACCESS FUND
SCARSDALE HIGH SCHOOL							
1057 POST ROAD							
SCARSDALE, NY 10583	47-3906902	501(C)(3)	12,000.	0.			SCIENCE COMPETITION AWARD
CYCCCEM HIGH COUCCI							
SYOSSET HIGH SCHOOL 70 SOUTHWOODS ROAD							
SYOSSET, NY 11791	11-6002031	501(C)(3)	12,000.	0.			SCIENCE COMPETITION AWARD
-			, , , ,				
THE HARKER SCHOOL							
4525 UNION AVENUE	04.1513355	F01/9)/2)	10.000	_			
SAN JOSE, CA 95124	94-1613808	501(C)(3)	12,000.	0.			SCIENCE COMPETITION AWARD

Part II Continuation of Grants and Other A	1						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON HIGH SCHOOL FOR							
SCIENCE AND TECHNOLOGY - 6560							
BRADDOCK ROAD - ALEXANDRIA, VA							
22312	54-0805373	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - 801 5TH AVE SOUTH,							
ROOM 251 - BIRMINGHAM, AL							
35294-2041	63-6005396	501(C)(3)	20,000.	0.			EQUITABLE ACCESS FUND
WILLIAM A. SHINE GREAT NECK SOUTH HIGH SCHOOL - 341 LAKEVILLE ROAD							
- GREAT NECK, NY 11020	11-6002011	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD

(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
AWARDS FOR PARTICIPANTS IN SSP SCIENCE EDUCATION					
COMPETITIONS	1361	3,359,609.	0.		
SCHOOL AWARDS	230	457,745.	0.		
STEM ACTION AND RESEARCH GRANTS	94	390,557.	0.		
AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	131	339,058.	0.		
		,			
The award	22	41 000			
FAIR AWARD  Part IV Supplemental Information. Provide the information r	33   equired in Part I. lin	41,868. e 2: Part III. column		l Iditional information.	
PART I, LINE 2:	,	, ,	<i>( )</i>		
			TOTAL DEGILE	CM DEMATITMO	
ORGANIZATION RECIPIENTS ARE REQUI	RED TO PRO	VIDE A WKI	LTTEN REQUE	ST DETAILING	
HOW THE FUNDS WILL BE USED. INDIV	IDUAL RECI	PIENTS ARE	PAID THEI	R AWARDS	
UPON RECEIPT OF APPLICABLE PAPERW	ORK FROM T	HE INDIVII	OUAL AND VE	RIFYING THAT	
THE INDIVIDUAL WON THE AWARD.					

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)								
(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			
AFFILIATED GRANT AWARD	12.	10,450.	0.					

### 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.

2020

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

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

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

			SCIENCE	òε	THE	LORPIC
Part I	Questions Regarding Com	pensa	tion			

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
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 Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	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
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_X_
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		_X_
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAYA AJMERA	(i)	544,643.	75,000.	5,627.	33,000.	30,984.	689,254.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL VOSS	(i)	218,174.	7,500.	2,249.	23,077.	23,290.	274,290.	0.
PUBLISHER - AS OF 01/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY SHUTE	(i)	236,870.	5,000.	4,944.	23,636.	510.	270,960.	0.
EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE GLIDDEN	(i)	226,302.	5,000.	2,686.	22,954.	10,807.	267,749.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RACHEL ALPER	(i)	221,798.	10,000.	942.	23,162.	10,339.	266,241.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES MOORE	(i)	212,823.	5,000.	1,490.	22,000.	18,591.	259,904.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAYLE KANSAGOR	(i)	204,331.	5,000.	1,204.	21,500.	27,203.	259,238.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EDWARD MAXWELL	(i)	152,288.	21,000.	2,597.	16,743.	27,488.	220,116.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CAITLIN GOLDBERG	(i)	178,681.	7,500.	1,967.	19,199.	10,509.	217,856.	0.
CHIEF OF EVENTS & OPERARATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC OLSON	(i)	161,334.	18,000.	1,041.	16,133.	520.	197,028.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DEMIAN PERRY	(i)	174,413.	0.	1,130.	17,441.	0.	192,984.	0.
DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN EGTS	(i)	157,763.	5,100.	1,240.	16,108.	10,339.	190,550.	0.
CHIEF DESIGN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JANET RALOFF	(i)	151,994.	0.	6,769.	15,824.	9,398.	183,985.	0.
DIGITAL EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
REIMBURSEMENT FOR 50% OF GYM DUES UP TO \$42.50 PER MONTH.
PART I, LINE 1B:
MUST PROVIDE EXPENSE REPORT WITH RECEIPT OF PAYMENT OF GYM DUES AND
CALCULATE 50% OF THE GYM DUES.
PART I, LINE 7:
ALL BONUSES AWARDED TO INDIVIDUALS LISTED IN PART VII, SECTION A, ARE
REPORTED IN SCHEDULE J, PART II, COLUMN B(II). THE BONUSES WERE
PERFORMANCE-BASED.

### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

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

IN 2023. SCIENCE NEWS HAS 5.1 MILLION FOLLOWERS ON TWITTER/X, AND 2.7

MILLION FOLLOWERS ON FACEBOOK, WITH AN ADDITIONAL 124,000 ACROSS OTHER

SOCIAL CHANNELS. THE SCIENCE NEWS EXPLORES PRINT MAGAZINE HAS NEARLY

16,000 INDIVIDUAL SUBSCRIBERS, WHILE THE WEBSITE DREW MORE THAN 5

MILLION UNIQUE VISITORS IN 2023, AND OVER 1 MILLION FACEBOOK FOLLOWERS.

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

FUNDS FOR INNOVATIVE COMMUNITY-BASED STEM ORGANIZATIONS. THESE PROGRAMS

REACH MILLIONS OF STUDENTS, EDUCATORS AND COMMUNITY MEMBERS ACROSS THE

UNITED STATES, THE DISTRICT OF COLUMBIA AND U.S. TERRITORIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL INITIATIVES - THESE ARE SPECIAL PROJECTS GEARED TOWARD THE

BETTERMENT OF THE SOCIETY OVERALL AND SUPPORTED BY BOARD APPROVED

FUNDING.

EXPENSES \$ 197,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIR OF THE BOARD, THE VICE

CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE COMMITTEE ON

TRUSTEES, AND ONE OTHER TRUSTEE, WHO SHALL BE ELECTED AT THE ANNUAL MEETING

TO SERVE FOR A TERM OF ONE YEAR OR UNTIL REPLACED. THE CHAIR OF THE BOARD

SHALL SERVE AS COMMITTEE CHAIR. THE COMMITTEE SHALL MEET AT THE CALL OF ITS

CHAIR OR UPON THE REQUEST OF TWO MEMBERS. THE EXECUTIVE COMMITTEE IS

AUTHORIZED TO EXERCISE ALL THE POWERS OF THE BOARD, EXCEPTING THE POWER TO For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

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:

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

EMPLOYEES ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY POTENTIAL CONFLICTS BY

FILLING OUT A FORM RESPONDING TO THIS INQUIRY. THESE RESPONSES ARE

REVIEWED BY THE SOCIETY'S MANAGEMENT. IF ANY CONFLICT OF INTEREST IS

IDENTIFIED, APPROPRIATE ACTION IS TAKEN BY MANAGEMENT AND THE INDEPENDENT

BOARD MEMBERS NOT AFFECTED BY THE CONFLICT OF INTEREST.

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,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE SOCIE	TTY'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	3,720,955.
MANAGEMENT AND GENERAL EXPENSES	569,892.
FUNDRAISING EXPENSES	13,543.
TOTAL EXPENSES	4,304,390.
AUDIO/VIDEO PRODUCTION:	
PROGRAM SERVICE EXPENSES	1,229,220.
MANAGEMENT AND GENERAL EXPENSES	215,071.
FUNDRAISING EXPENSES	59,416.
TOTAL EXPENSES	1,503,707.
SECURITY:	
PROGRAM SERVICE EXPENSES	288,853.
MANAGEMENT AND GENERAL EXPENSES	50,539.
FUNDRAISING EXPENSES	13,962.
TOTAL EXPENSES	353,354.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	156,790.
MANAGEMENT AND GENERAL EXPENSES	27,433.
FUNDRAISING EXPENSES	7,579.
TOTAL EXPENSES	191,802.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,353,253.
332212 11-14-23 6.6	Schedule O (Form 990) 2023

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Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACCRUED POSTRETIREMENT BENEFIT ADJUSTEMENT	-137,000.