

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)

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

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SOCIETY FOR SCIENCE & THE PUBLIC Name change SOCIETY FOR SCIENCE 53-0196483 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-785-2255 1719 N ST NW 91,128,420. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Applica-tion pending WASHINGTON, DC 20036 H(a) Is this a group return F Name and address of principal officer: MAYA K. AJMERA Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.SOCIETYFORSCIENCE.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Other L Year of formation: 1921 M State of legal domicile: DE Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: $\overline{\textbf{SEE}}$ PART III LINE 1. Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 127 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 1900 Total number of volunteers (estimate if necessary) 6 430,516. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 82,135,728. 56,204,256. Contributions and grants (Part VIII, line 1h) 8 Revenue 5,457,902. 6,012,528. Program service revenue (Part VIII, line 2g) 1,710,035. 1,485,776. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,494,388. 208,108. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 63,580,301. 91,128,420. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,179,153. 5,124,534. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 14,457,452. 15,586,977. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 226,963. 165,796. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 18,807,984. 19,943,632. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 40,882,106. 38,610,385. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,969,916. 50,246,314. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 114,655,035. 165,328,887 Total assets (Part X, line 16) 14,530,799. 13,293,771 21 Total liabilities (Part X, line 26) 三年 100,124,236. 152,035,116 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. aya Amen 11/13/2025 Signature of office Sign MAYA K. AJMERA, PRESIDENT AND CEO Here Type or print name and title Date PTIN Preparer's name Preparer's signature 11/12/2025 self-employed P00397829 ELIZABETH W. HELLER Paid GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Preparer Firm's name 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SOCIETY FOR SCIENCE IS A CHAMPION FOR SCIENCE, DEDICATED TO EXPANDING
	SCIENTIFIC LITERACY, EFFECTIVE STEM EDUCATION AND SCIENTIFIC RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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 \$ 21,421,441. including grants of \$ 5,124,534.) (Revenue \$ 1,980,272.
	SCIENCE EDUCATION PROGRAMS - FOR DECADES, SOCIETY FOR SCIENCE HAS OFFERED WORLD-CLASS SCIENCE AND ENGINEERING RESEARCH COMPETITIONS FOR
	YOUNG PEOPLE. THE REGENERON SCIENCE TALENT SEARCH (REGENERON STS) IS
	THE NATION'S OLDEST AND MOST PRESTIGIOUS SCIENCE AND MATH COMPETITION FOR HIGH SCHOOL SENIORS. THE REGENERON INTERNATIONAL SCIENCE AND
	ENGINEERING FAIR (REGENERON ISEF) IS THE WORLD'S LARGEST GLOBAL SCIENCE
	COMPETITION FOR HIGH SCHOOLERS. THE THERMO FISHER SCIENTIFIC JUNIOR
	INNOVATORS CHALLENGE (THERMO FISHER JIC) IS THE SOCIETY'S PREMIER
	MIDDLE SCHOOL STEM COMPETITION FOR U.S. STUDENTS IN GRADES SIX THROUGH
	EIGHT. THROUGH THESE COMPETITIONS, THE SOCIETY ENCOURAGES AND REWARDS
	INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNING WHILE
	GROWING THE PIPELINE OF FUTURE STEM PROFESSIONALS
	11 057 400
4b	(Code:) (Expenses \$11,857,428. including grants of \$) (Revenue \$4,032,256. 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 \$ 753,529 • including grants of \$) (Revenue \$
	ALUMNI PROGRAM: IN 2014, THE SOCIETY ESTABLISHED AN ALUMNI PROGRAM THAT
	SEEKS TO ENGAGE SOCIETY ALUMNI THROUGH ONLINE NETWORKS, EVENTS AND
	VOLUNTEER OPPORTUNITIES. THE PROGRAM ALSO WORKS TO RE-ESTABLISH
	CONNECTIONS WITH ALUMNI WHO HAVE LOST TOUCH WITH THE SOCIETY. THE
	COMMUNITY IS COMPRISED OF MORE THAN 75,000 STS, ISEF AND MIDDLE SCHOOL
	COMPETITION ALUMNI ACROSS THE GLOBE.

4d Other program services (Describe on Schedule O.)

233,186. including grants of \$

ynenses 34,265,584.

Form **990** (2024)

17181112 745960 32009

Form 990 (2024) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	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		v	
	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		<u> </u>
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	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domocio government orti artix, columni (y.), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Form 990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Page 4 Part IV Checklist of Required Schedules (continued)

	· (outliness)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
2 5a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? If			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	\cdot	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	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	- 55		
5 +	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
-	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
42200	4 12 10 24	Form	990	(2024)

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?	2 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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				7.7
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
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 		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e f		7 6 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	9			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
C 1/10	Did the apprinting washing and appropriate few indexes to prove the few	1/10		Х
14a h	IS THE COURT OF TH	14a 14b		-23
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	ידט		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	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.			

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			
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			
Ū	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22
7a		7-		Х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
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	_		37
800	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.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
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	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	X	
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	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)	availat	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			
	EDWARD MAXWELL - 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	not c , unle:	Pos heck i ss per	more rson i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MAYA AJMERA	37.50	-		,,				705 145	0	00 060
PRESIDENT & CEO	27 50			Х				705,145.	0.	82,068.
(2) RACHEL ALPER	37.50	-						077 100	0	F0 460
CHIEF OPERATING OFFICER	25 50		_	Х				277,122.	0.	50,462.
(3) MICHAEL VOSS	37.50	-			37			254 257	0	FO 764
PUBLISHER	27 50				Х			254,357.	0.	58,764.
(4) DAVID JENKINS	37.50	-		٠,				0.47 077	0	27 521
CHIEF FINANCIAL OFFICER (5) MICHELE GLIDDEN	27 50			Х				247,977.	0.	37,531.
(5) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	37.50	1			х			227 646	0.	26 171
(6) JAMES MOORE	37.50				^			237,646.	0.	36,174.
CHIEF TECHNOLOGY OFFICER	37.30	1			Х			226,765.	0.	45,837.
(7) NANCY SHUTE	37.50				^			220,703.	0.	43,037.
EDITOR IN CHIEF	37.30	1			Х			248,476.	0.	24,113.
(8) GAYLE KANSAGOR	37.50							240,470.	0.	24,113.
CHIEF COMMS. & MARKETING OFFICER	37.50	1			х			215,303.	0.	55,985.
(9) DAWN ABEL	37.50				T				• • •	
CHIEF ADVANCEMENT OFFICER	0	1			х			224,787.	0.	34,061.
(10) CAITLIN GOLDBERG	37.50								<u> </u>	
CHIEF OF EVENTS & OPERATIONS		1			х			198,127.	0.	32,574.
(11) EDWARD MAXWELL	37.50							,		,
DIRECTOR OF FINANCE						X		173,243.	0.	40,741.
(12) STEPHEN EGTS	37.50									
CHIEF DESIGN OFFICER						X		176,591.	0.	29,921.
(13) DEMIAN PERRY	37.50									
DIGITAL DIRECTOR						Х		180,794.	0.	17,963.
(14) JANET RALOFF	37.50									
EDITOR, DIGITAL, SN EXPLORES						Х		162,092.	0.	27,338.
(15) ERIC OLSON	37.50									
DIRECTOR OF ANNUAL GIVING						X		167,245.	0.	17,137.
(16) MARY SUE COLEMAN	3.00									
CHAIR (UNTIL 10/24)		Х		Х				0.	0.	0.
(17) HAYLEY BAY BARNA	3.00									
TREASURER		Х		Х				0.	0.	990 (2024)

432007 12-10-24

	IT FOR SCIE	TIAC	.C	œ	ЛП	.C.	PU	вптс	33-0196	403 Page 0
Part VII Section A. Officers, Directors	, Trustees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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)	compensation from the organization and related organizations
(18) CHRISTINE BURTON	3.00									
SECRETARY		Х		Х				0.	0.	0.
(19) THOMAS F. ROSENBAUM	3.00									
CHAIR (FROM 10/24)		Х		Х				0.	0.	0.
(20) GARY E, KNELL	3.00									
TRUSTEE		Х						0.	0.	0.
(21) ADAM BLY	3.00									
TRUSTEE (UNTIL 03/24)		Х						0.	0.	0.
(22) LANCE R. COLLINS AT LARGE	3.00	х						0.	0.	0.
(23) MARIETTE DICHRISTINA	3.00	Δ						0.	0.	0.
TRUSTEE	3.00	Х						0.	0.	0.
(24) TESSA M. HILL	3.00	25						•	•	· ·
TRUSTEE		Х						0.	0.	0.
(25) CHARLES MCCABE	3.00									
TRUSTEE		Х						0.	0.	0.
(26) W.E. MOERNER	3.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								3,695,670.	0.	590,669.
c Total from continuation sheets to F	art VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								3,695,670.	0.	590,669.

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		
3536 NW 35TH AVE, PORTLAND, OR 97210	EVENT SERVICES	1,521,986.
QUAD/GRAPHICS, INC, N61 W23044 HARRY'S	MANUFACTURING/PRINTI	
WAY, SUSSEX, WI 53089-3995	NG SERVICES	1,194,924.
REINKING ENTERPRISES INC	DIRECT MAIL/PRINTING	
13175 GEORGE WEBER DRIVE, ROGERS, MN 55374	SERVICES	974,819.
TASTE OF LOS ANGELES, 980 N MICHIGAN AVE,	FOOD AND BEVERAGE	
SUITE 500, CHICAGO, IL 60611	SERVICES	937,688.
AVALON CONSULTING GROUP INC, 805 15TH		
STREET NW, SUITE 700, WASHINGTON, DC 20005	CONSULTING SERVICES	676,468.
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 38		
~	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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Form 990 SOCIETY I	OR SCIE	INC	<u> E</u>	&	TH	E	PU	BLIC	53-019	6483
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employ	ees (continued)	
(A)		(D)	(E)	(F)						
Name and title	(B) Average hours	(C) Position (check all that apply)				LΛ	Reportable compensation	Reportable compensation	Estimated amount of	
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DIANNE K. NEWMAN TRUSTEE	3.00	х						0.	0.	0.
(28) RODERIC IVAN PETTIGREW TRUSTEE	3.00	х						0.	0.	0.
(29) AFTON VECHERY TRUSTEE	3.00	х						0.	0.	0.
(30) GIDEON YU	3.00	Λ				\vdash		0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(31) FENG ZHANG TRUSTEE	3.00	х						0.	0.	0.
(32) CHRISTOPHER BOUTON	3.00	l								_
TRUSTEE		Х						0.	0.	0.
(33) KRISTINA M. JOHNSON	3.00									•
TRUSTEE (FROM 10/24)	2 00	Х						0.	0.	0.
(34) DAVE SHULL TRUSTEE (FROM 10/24)	3.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 (2024) SOCIETY
Part VIII Statement of Revenue

_		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1 4						
Ę g	'						
fts, Ar	(
ij Gi	•		118,200.				
ns, Sim	•	Government grants (contributions)	110,200.				
utio er (1	All other contributions, gifts, grants, and	00 017 500				
έŧ			82,017,528.				
ont od (9	Noncash contributions included in lines 1a-1f	7,554.	00 135 500			
<u>0</u> 8		n Total. Add lines 1a-1f		82,135,728.			
			Business Code				
ce	2 8		513120	3,674,126.	3,674,126.		
ř vi	ŀ	SCIENCE EDUCATION	611710	1,907,886.	1,907,886.		_
Se	(SCIENCE NEWS ADVERTISING	541800	358,130.		358,130.	
ar	(MERCHANDISE SALES	459900	72,386.		72,386.	
Program Service Revenue	•	•					
Ā	1	All other program service revenue					
	9	Total. Add lines 2a-2f		6,012,528.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		1,485,776.			1485776.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties		244,082.	223,049.		21,033.
		(i) Real	(ii) Personal		·		·
	6 a	a Gross rents 6a 1,118,275.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 1,118,275.					
		d Net rental income or (loss)		1,118,275.			1118275.
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(.,, 0				
		Less: cost or other basis					
ø							
ň		and sales expenses					
eve		. ,					
her Revenue		1 Net gain or (loss)					
Othe	8 8	a Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sn	11 -	MISCELLANEOUS INCOME	900099	132,031.			132,031.
neo Tue			.	, .			,
Miscellaneous Revenue							
Sce		A All other revenue					
Ξ	(All other revenue		132,031.			
		Total revenue See instructions		91,128,420.	5,805,061.	430,516.	2757115.
	12	Total revenue. See instructions	<u></u>	JI, IZO, 4ZU.	3,003,001.	420,3 ₁₀ .	Z/J/115.

432009 12-10-24

Form 990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	272,056.	272,056.		
2	Grants and other assistance to domestic	272,030.	272,030.		
_	individuals. See Part IV, line 22	4,451,487.	4,451,487.		
3	Grants and other assistance to foreign	1,101,10	2,132,107		
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	400,991.	400,991.		
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,				
	trustees, and key employees	3,375,361.	2,367,447.	693,156.	314,758.
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	9,550,654.	7,704,771.	711,200.	1,134,683.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	824,949.	668,535.	55,765.	100,649
9	Other employee benefits	891,990.	714,626.	66,677.	110,687
10	Payroll taxes	944,023.	738,522.	98,432.	107,069
11	Fees for services (nonemployees):				
а	Management	105 100	151 000	15.000	
	Legal	195,428.	174,820.	17,909.	2,699
	Accounting	176,829.	158,182.	16,205.	2,442
d	Lobbying	226 262			226 062
е	Professional fundraising services. See Part IV, line 17	226,963.		102 015	226,963
f	Investment management fees	103,815.		103,815.	
g	Other. (If line 11g amount exceeds 10% of line 25,	5,118,889.	4,573,813.	473,680.	71,396
40	column (A), amount, list line 11g expenses on Sch O.)	713,420.	639,192.	4/3,000.	74,228
12	Advertising and promotion	459,467.	218,424.	218,540.	22,503
13 14	Office expenses	2,443,647.	1,991,605.	158,929.	293,113
14 15	Information technology Royalties	2,443,047.	1,001,000.	130,323.	255,115
16	Occupancy	825,442.	479,881.	308,262.	37,299
17	Travel	3,509,490.	3,472,142.	20,973.	16,375
. <i>.</i> 18	Payments of travel or entertainment expenses	. , ,	, , , , , , , , , , , , , , , , , , , ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	881,606.	872,224.	5,268.	4,114
20	Interest	•		,	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	224,691.	130,627.	83,911.	10,153
23	Insurance	284,510.	135,252.	135,324.	13,934
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	2,401,332.	2,037,301.	7,009.	357,022
b	POSTAGE & DELIVERY COST	1,617,327.	1,372,148.	4,720.	240,459
c	REPAIR AND MAINTENANCE	655,157.	380,884.	244,669.	29,604
d	EQUIPMENT AND SUPPLIES	293,309.	291,984.		1,325
е	All other expenses	39,273.	18,670.	18,680.	1,923
25	Total functional expenses. Add lines 1 through 24e	40,882,106.	34,265,584.	3,443,124.	3,173,398
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)				

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,551,275.	1	
	2	Savings and temporary cash investments		19,037,919.	2	12,228,209
	3	Pledges and grants receivable, net	60,569,206.	3	105,161,496	
	4	Accounts receivable, net	696,276.	4	320,234	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these pers		5		
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
ε	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	5		540,914.	9	873,664
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	18,374,930.			
	b	Less: accumulated depreciation 10b	3,877,076.	1,357,392.	10c	
	11	Investments - publicly traded securities		29,483,168.	11	23,767,902
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,418,885.	15	31,743
	16	Total assets. Add lines 1 through 15 (must equal line		114,655,035.	16	165,328,887
	17	Accounts payable and accrued expenses		2,337,646.	17	2,206,454
	18	Grants payable		5,289,539.	18	5,272,734
	19	Deferred revenue		4,315,936.	19	4,165,583
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to any current or former offi				
Liabilities		trustee, key employee, creator or founder, substantial			-00	
-iak		controlled entity or family member of any of these pers			22	
_	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third Other liabilities (including federal income tax, payables			24	
	25	parties, and other liabilities not included on lines 17-24				
		of Schedule D). Complete Part X	2,587,678.	25	1,649,000.
	26	Total liabilities. Add lines 17 through 25		14,530,799.		13,293,771
	20	Organizations that follow FASB ASC 958, check he		14,330,7331	20	13,233,771
es		and complete lines 27, 28, 32, and 33.				
ů	27	Net assets without donor restrictions	24,844,775.	27	36,001,301.	
Bak	28	Net assets with donor restrictions	75,279,461.		116,033,815.	
- Pu		Organizations that do not follow FASB ASC 958, ch				
Εū		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
As	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		100,124,236.	32	152,035,116.
_	33	Total liabilities and net assets/fund balances		114,655,035.	33	165,328,887

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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.

Open to Bubl

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCTETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

Pa	rt I	Reason for Public ((All organizations must c			ee instructions.	3 0130403
_		ization is not a private found						
1		A church, convention of ch	•	•	•	•	(VAVi)	
2	H	,	*			11 170(0)((A)(I).	
	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
3	H	•					•	Alan languitalla mana
4	ш	A medical research organiz	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
_		city, and state:		la a a a a a a a a a a a a a a a a a a				- at to
5	Ш	An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ea in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6	\vdash	A federal, state, or local gov	•				• •	
7		An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general _l	oublic described in
		section 170(b)(1)(A)(vi). (C	•					
8	\vdash	A community trust describe						
9	Ш	An agricultural research org						
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	X	An organization that norma	•				•	· ·
		activities related to its exem		•	• •		• •	•
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. 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 or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled I	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	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	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d 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	t complete Part IV,	Sections A and C.				
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2024 (line 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2024. If the	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			
k	33 1/3% support test - 2023. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	:s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported o	organization		
k	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ie organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b	o, check this box a	and see instructions	s
						Schedule A	(Form 990) 2024

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, picase comp	noto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(-,	(.,	(-,	(1),====	(-,	(,, , , , , , , , , , , , , , , , , , ,
		10546075.	12540836.	18172605.	56204256.	82135728.	179599500
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4665462.	4080494.	5332273.	5259740.	5805061.	25143030.
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						
	The value of services or facilities furnished by a governmental unit to the organization without charge	15011505	4.6604.222	00504080	51.452005		
	Total. Add lines 1 through 5	15211537.	16621330.	23504878.	61463996.	87940789.	204742530
	Amounts included on lines 1, 2, and 3 received from disqualified persons	2872250.	2948210.	3581844.	757,500.	1572296.	11732100.
lo.	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	2872250.	2948210.	3581844.	757,500.	1572296.	
8	Public support. (Subtract line 7c from line 6.)						193010430
	ction B. Total Support	1			T	г	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	15211537.	16621330.	23504878.	61463996.	87940789.	204742530
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1046099.	1432076.	990,140.	1523889.	2848133.	7840337.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1046099.	1432076.	990,140.	1523889.	2848133.	7840337.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,538.	10,928.			132,031.	
	· · · · · · · · · · · · · · · · · · ·	16277174.			•		
14	First 5 years. If the Form 990 is for the	S .			,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>'</i>
Ser	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2024 (I			column (f)\		15	90.72 %
	Public support percentage from 2023		•			16	86.64 %
	etion D. Computation of Inves					, ,, ,	70
	Investment income percentage for 20			ne 13, column (f))		17	3.69 %
	Investment income percentage from					18	4.66 %
	33 1/3% support tests - 2024. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
α	Private foundation. If the organization	on did not chack a l	hay an line 1/1 10/	a or 10h chack th	ie hav and eag inc	tructions	1 1

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
1		
2		
3a		
3b		
0.0		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		
100		

Par	Part IV Supporting Organizations (contin	ued)			
	•		7	Yes	No
11	Has the organization accepted a gift or contribution	on from any of the following persons?			
а		alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported orc		а		
b	b A family member of a person described on line 11				
	c A 35% controlled entity of a person described on line 11				
·	provide detail in Part VI.	11			
Sec	ection B. Type I Supporting Organization				
	<u> </u>			Yes	No
1	Did the governing body members of the governing	g body, officers acting in their official capacity, or membership of one or		100	110
•	3 3 77	regularly appoint or elect at least a majority of the organization's officers,			
		ar? If "No," describe in Part VI how the supported organization(s)			
		organization's activities. If the organization had more than one supported			
		and/or remove officers, directors, or trustees were allocated among the			
2		Strictions, if any, applied to such powers during the tax year.			
~		rolled the supporting organization? If "Yes," explain in			
		, ,			
	,	purposes of the supported organization(s) that operated,			
Sec	<u>supervised, or controlled the supporting organizati</u> ection C. Type II Supporting Organization				
	section of Type is cupper and organization			V	N _a
_	• NA/ana a manianita aftina annonimationa's dimentana and			Yes	No
1		trustees during the tax year also a majority of the directors			
		d organization(s)? If "No," describe in Part VI how control			
	7,7 3 3	s vested in the same persons that controlled or managed			
Sect	the supported organization(s). ection D. All Type III Supporting Organiza	ations 1			
000	cotton b. All Type in Supporting Organiza	idons	Т,		
	. 5:11			Yes	No
1		ted organizations, by the last day of the fifth month of the			
		ing the type and amount of support provided during the prior tax			
		cently filed as of the date of notification, and (iii) copies of the			
_		he date of notification, to the extent not previously provided?	_		
2		or trustees either (i) appointed or elected by the supported			
		ly of a supported organization? If "No," explain in Part VI how			
	3	s working relationship with the supported organization(s).			
3		above, did the organization's supported organizations have a			
		policies and in directing the use of the organization's			
		If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. ection E. Type III Functionally Integrated	Supporting Organizations			
Sec		•			
1		ration used to satisfy the Integral Part Test during the year (see instructions).			
а		•			
b		supported organizations. Complete line 3 below.			
С	c The organization supported a governmental	entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).		Г		
2	2 Activities Test. Answer lines 2a and 2b below.		`	Yes	No
а	a Did substantially all of the organization's activities	during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization	ation was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain h_{OV}	v these activities directly furthered their exempt purposes,			
	how the organization was responsive to those sup	ported organizations, and how the organization determined			
	that these activities constituted substantially all of	its activities.			
b		stitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organ	nization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position	that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement	ent. 2t	,		
3	Parent of Supported Organizations. Answer lines	3a and 3b below.			
а	a Did the organization have the power to regularly a	ppoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations?	If "Yes" or "No," provide details in Part VI.			
b	b Did the organization exercise a substantial degree	e of direction over the policies, programs, and activities of each			

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

		 		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income	complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

e Excess from 2024

Ochicadic /	(10111000) 2024 BOOLLI 1011 BOLLIOU & 1111 102210 30 0130100 1 age 0				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
SCHEDU	LE A, PART III				
THE SO	CIETY RECEIVED UNUSUAL GRANTS AS FOLLOWS:				
2020:	11,771,932				
2021:	7,943,291				
	. , ,				

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Name of the organization

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 is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 66,107,342.	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>2,164,650</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,800,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,100,004.	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		\$ <u>1,000,000</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
6		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 600,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 8 X Person **Payroll** 381,250. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person **Payroll** 350,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 300,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X Person **Payroll** 200,000. Noncash (Complete Part II for

SOCIETY FOR SCIENCE & THE PUBLIC

53-0196483

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$ <u>150,000.</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
14_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>100,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 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
17		\$ 80,000.	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
18_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person **Payroll** 72,200. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 24 X Person **Payroll** 50,000. Noncash (Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 46,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$ 36,353.	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		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 X Person **Payroll** 29,450. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person **Payroll** 26,748. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person **Payroll** 25,000. Noncash (Complete Part II for

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JOCTH.	TI TON BETENCE & THE TOBETC	33	0170103
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional 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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42			Person X Payroll Noncash (Complete Part II for noncash contributions.)

SOCIE'	TY FOR SCIENCE & THE PUBLIC	53	-0196483
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	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
44		- \$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$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
46		\$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
47		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48			Person X Payroll Noncash (Complete Part II for

SOCIE'	TY FOR SCIENCE & THE PUBLIC	53	-0196483
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49			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
50		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54			Person X Payroll Noncash (Complete Part II for

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 X Person **Payroll** 13,225. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 56 X Person **Payroll** 12,600. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 X Person **Payroll** 12,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 X Person Payroll 11,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 Person **Payroll** 11,412. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 60 X Person **Payroll**

Noncash (Complete Part II for

10,290.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$10,041.	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 10,010.	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
65		\$	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
66		\$10,000 .	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$\$	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		\$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
69		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	\$ 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
71		\$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
72		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	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
75		\$\$	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
76		\$	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
78		\$10,000.	Person X Payroll Noncash (Complete Part II for

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SOCIETY FOR SCIENCE & THE PUBLIC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 80 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll 9,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Person Payroll 9,312. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 84 X Person **Payroll** 8,100. Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$8,000.	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
86		\$ 7,895.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$ <u>7,554.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	Name, address, and ZIP + 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
89		\$ 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
90		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$\$,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		- - \$\$5,625.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		- \$\$5,311.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$5,250.	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
98		\$5,082.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,050.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 100	Name, address, and ZIP + 4	\$ 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
101		\$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
102		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
103		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$\$	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
108		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$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
111		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$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
114		\$5,000.	Person X Payroll

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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 contribution	(d) s Type of contribution
115		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
116	Name, address, and Zir + 4	\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

No.

Person Payroll Noncash Complete Part II for

Type of contribution

Name, address, and ZIP + 4

Total contributions

Name of organization Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC

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Part II	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		
87	85 SHARES PSEG				
		\$	12/31/24		
(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		
100.150, 01.00		\$			

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

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Similar Fund	s or Acc	counts. Complete if the
		(a) Donor advis	sed 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 v	writing that the assets h	neld in donor adv	rised funds	
	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for a	any other purpos	e conferrin	g
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply))		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a histori	cally important land area
	Protection of natural habitat		Preservation	of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the forr	n of a cons	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b				·····	2b
С	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	ation during the tax
	year				
4	Number of states where property subject to conservation eas			-	
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing co	nservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conserv	ation ease	ements during the year
_				(L) (A) (D) (i)	
8	Does each conservation easement reported on line 2d above				□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?				
9					
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organization	S III Iai ICiai Statei	Herits that	describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or C	Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		1
b	If the organization elected, as permitted under FASB ASC 95				sheet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J / I=-	
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 for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

432051 01-02-25

Complete it the organization anowered	 , 11110 1 14: 000 1 01111 000	, 1 41171, 1110 10.	
Description of property	(d) Book value		
1a Land	8,419,452.		8,419,452.
b Buildings	5,906,256.	1,584,014.	4,322,242.
c Leasehold improvements			
d Equipment	725,666.	725,666.	0.
e Other	3,323,556.	1,567,396.	1,756,160.
Total. Add lines 1a through 1e. (Column (d) must equa	14,497,854.		

Schedule D (Form 990) (Rev. 12-2024)

Part VII	Investments - Other Securities	5 000 D 1 1 1 1 1 1	441 0 E 000 B 1 V E 40	ý
(a) Deceri	Complete if the organization answered "Yes"		-	l af
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
	ial derivatives		+	
	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	I Investments - Program Related.			
	Complete if the organization answered "Yes"		-	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)			_	
(3)				
(4)			_	
(5)				
(6)				
<u>(7)</u>			+	
(8)			+	
(9)	(h) must squal Form 000 Port V line 12 and (P))			
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
		Description	,	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			. , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X	Other Liabilities	5 000 D 1 1 1 1 1	44 446 E 200 B 1V " 25	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes	and a mo		1 640 000
	CCRUED POST-RETIREMENT BE	ENEFITS		1,649,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
	umn (b) must equal Form 990. Part X. line 25. col	(R))		1,649,000.
•	y for uncertain tax positions. In Part XIII, provide	` "		
	vation's liability for uncertain tax positions under			

432053 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	93,172,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,377,566.		
b	Donated services and use of facilities	2b	770,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,147,566.
3	Subtract line 2e from line 1			3	91,024,605.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,		103,815.		
b	Other (Describe in Part XIII.)	4b			400 045
С	Add lines 4a and 4b			4c	103,815.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	91,128,420.
Pa	Reconciliation of Expenses per Audited Financial		Expenses per H	tetur	n
	Complete if the organization answered "Yes" on Form 990, Part IV				41 540 001
1	Total expenses and losses per audited financial statements			1	41,548,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	770 000		
а			770,000.		
b					
С					
d					770 000
е				2e	770,000. 40,778,291.
3	Subtract line 2e from line 1			3	40,770,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا	102 915		
a	, , , , , , , , , , , , , , , , , , , ,		103,815.		
b				4-	103,815.
с 5				4c 5	40,882,106.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information	e 18.j		3	40,002,100
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1h	and 2h: Part V line 4:	· Part `	X line 2: Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			, , a, ,	A, IIIO Z, I ait Ai,
	RT V, LINE 4:	c arry additional inform	idion.		
	E ORGANIZATION'S ENDOWMENT IS TO BE US	SED TO SUPPO	ORT OR EXPA	ND :	PROGRAMS
	AT IMPACT K-12 STUDENTS, AND IF NECESS				
	PENSES.	, , , , , , , , , , , , , , , , , , , ,			

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

Attach to Form 990.

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SOCIETY FOR SCI					53-019648	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
O Fax avantmakara Door	riba in Dart V/tha	organization's	are and transfer manifesting the transfer	aranta and at	har agaistanas autai	do tho
2 For grantmakers. Desc United States.	ribe in Part v trie	organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outsi	de trie
	ne following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND	_					
THE CARIBBEAN	0	0	GRANTMAKING			167.
EAST ASIA AND THE						
PACIFIC	0	0	 GRANTMAKING			153,283.
		-				
EUROPE	0	0	GRANTMAKING			89,441.
MIDDLE EAST AND	_					
NORTH AFRICA	0	0	GRANTMAKING			46,550.
NORTH AMERICA	0	0	 GRANTMAKING			21,500.
						, -
RUSSIA AND THE NEWLY						
INDEPENDENT STATES	0	0	GRANTMAKING			3,200.
GOLUMIA AMERICA	_		CDANIMA WING			0.500
SOUTH AMERICA	0	0	GRANTMAKING			8,500.
SOUTH ASIA	0	0	GRANTMAKING			9,450.
3 a Subtotal	0	0				332,091.
b Total from continuation						
sheets to Part I	0	27				394,219.
c Totals (add lines 3a						
and 3b)	0	27				726,310.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (b) Number of (c) Number of (f) Total (a) Region (d) Activities conducted in region (e) If activity listed in (d) offices employees or is a program service, expenditures (by type) (i.e., fundraising, in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region SUB-SAHARAN AFRICA 0 0 GRANTMAKING 11,900. EAST ASIA AND THE PACIFIC 0 2 GRANTMAKING 10,000. MIDDLE EAST AND NORTH AFRICA 0 3 GRANTMAKING 19,000. RUSSIA AND THE NEWLY INDEPENDENT STATES 0 1 GRANTMAKING 8,000. 0 3 SOUTH ASIA GRANTMAKING 15,000. SUB-SAHARAN AFRICA 0 GRANTMAKING 5,000. EAST ASIA AND THE PACIFIC 0 1 PROGRAM SERVICE ACTIVITIES EDITORIAL CONTENT 1,350. EUROPE 0 5 PROGRAM SERVICE ACTIVITIES EDITORIAL CONTENT 26,535. 0 PROGRAM SERVICE ACTIVITIES EDITORIAL CONTENT 11,898. NORTH AMERICA 1 0 2 PROGRAM SERVICE ACTIVITIES EDITORIAL CONTENT SOUTH ASIA 4,950. **Totals**

Part I Continua	tion of Activities	s per Region	NCE & THE PUBLIC 1. (Schedule F (Form 990), Part I, line 3	33-019646	3 Page
	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
	in the region	region	recipients located in the region)	of service(s) in region	ioi region
				VIRTUAL PLATFORMS FOR	
				SCIENCE COMPETITIONS AND	
				ALUMNI NETWORK & DONOR	
EUROPE	0	2	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	33,746.
		_		VIRTUAL PLATFORMS FOR	00,710
				SCIENCE COMPETITIONS AND	
		_	L	ALUMNI NETWORK & DONOR	
ORTH AMERICA	0	4	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	244,640.
				VIRTUAL PLATFORMS FOR	
				SCIENCE COMPETITIONS AND	
				ALUMNI NETWORK & DONOR	
SOUTH ASIA	0	2	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	2,200
Γotals		27			394,219
. V.LUIJ					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
		EAST ASIA AND THE	OUTREACH AND FAIR					
		PACIFIC	EXPENSES	10,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
		MIDDLE EAST AND	OUTREACH AND FAIR					
		NORTH AFRICA	EXPENSES	19,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
		RUSSIA AND THE	FAIRS TO SUPPORT					
		NEWLY INDEPENDENT	OUTREACH AND FAIR					
		STATES	EXPENSES	8,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
			OUTREACH AND FAIR					
		SOUTH ASIA	EXPENSES	15,000.	WIRE	0.		

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
3	Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

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. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance CENTRAL AMERICA STUDENT AWARD AND THE CARIBBEAN 167. EFT 0. EAST ASIA AND THE STUDENT AWARD PACIFIC 94 153,283, EFT 0 STUDENT AWARD EUROPE 36 89,441.EFT 0. MIDDLE EAST AND STUDENT AWARD NORTH AFRICA 32 46,550.EFT 0. STUDENT AWARD NORTH AMERICA 21,500.EFT 0. RUSSIA AND THE NEWLY INDEPENDENT STUDENT AWARD STATES 3,200.EFT 0. STUDENT AWARD SOUTH AMERICA 8,500.EFT 0. 9,450.EFT STUDENT AWARD SOUTH ASIA 9 0. SUB-SAHARAN AFRICA STUDENT AWARD 11,900.EFT 0.

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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) (Rev. 12-2024)

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)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization					Emp	oyer ide	ntification number
SOCIETY	FOR SCIENCE & THE	PUI	BLI	C	53-	0196	483
Part I Fundraising Activities required to complete this part	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Forr	n 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	nongo gover hising ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amou to (or retai fundra listed in	ned by) iser	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING - 805 15TH		Yes	No				
ST NW #700, WASHINGTON, DC	CONSULTING		Х	0.	22	26,963.	-226,963.
3 List all states in which the organization	on is registered or licensed to solicit o			or has been notified		26,963. It from req	-226,963. gistration
or licensing. AL,AK,AR,CA,CO,CT,DC, ND,OH,OK,OR,PA,RI,SC,		ME,M	ID,M	IA,MI,MN,MS	, MO , NE	[, NJ,]	NM, NY, NC

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

Schedule G (Form 990) (Rev. 12-2024)

Pa	111	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions.	-		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (CJ)
Revenue						
3eve	1	Gross receipts				
_	_					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		,				
	4	Cash prizes				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xpe	6	nentraciiity costs				
ct E	7	Food and beverages				
Oire	-					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	(/			
Pa	11 rt I	,		- 000 Dart IV line 10 a		
ГС	111	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, o	r reported more than	
		ψ10,000 0111 01111 000 E2, III 0 0a.		(b) Pull tabs/instant		(d) Total gaming (add
nιe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
ens	_	Namanah minan				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	•					
	5	Other direct expenses				
			Yes %	Yes %	5 Yes %	
	6	Volunteer labor	No No	No No	☐ No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
_	-	Net garning income summary. Subtract line r	nom line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
O	П.,	Yes," explain:				
					<u> </u>	
43208	2 01	-14-25			Schedule G (F	orm 990) (Rev. 12-2024)

Sch	edule G (Form 990) (Rev. 12-2024) SOCIETY FOR SCIENCE & THE PUBLIC 53-U	1196483	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمدا	0/
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
		••	
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	If "Yes," enter the name and address of the third party:		
•	the res, enter the hame and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	,,
30	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	· ·	
<u> </u>	MEDULE O, I'MI I, DIME ZD, DIOI OF THE HIGHEST TAID FUNDRAISERS	- •	
7 =	\ NAME OF BUINDDATCED. AVAION CONCULTING		
<u>(I</u>		0005	
<u>(I</u>) ADDRESS OF FUNDRAISER: 805 15TH ST NW #700, WASHINGTON, DC 2	20005	
	•		
	HEDULE G, PART I, LINE 3:		
TH	E ORGANIZATION PAID AVALON CONSULTING \$226,963 FOR PROFESSIONAL	<u> </u>	
FU	NDRAISING SERVICES. THE ORGANIZATION ALSO PAID THE FIRM \$669,75	8 FOR	
	INTING AND MAILING COSTS.		

Schedule G	(Form 990)		SOCIE	TY FOR	SCIENCE	3 €	\mathtt{THE}	${ t PUBLIC}$	53-0196483	Page 4
Part IV	Supplem	nental Info	rmation	(continued)				PUBLIC		
				(continued)						
1										
-										
ī										
1										
-										
-										
-										
-										
-										

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	OD GGTD116						Employer identification number
Part I General Information on Grants a		E & THE PUB	PTC				53-0196483
1 Does the organization maintain records t		a amount of the grants	ar assistance the	avantana' aliaihilitu	for the greate or soci	stance and the colocti	-
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro	ocedures for mon	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$,	
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	(h) Purpose of grant or assistance
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS - PO BOX 2733 -							
DURHAM, NC 27715	56-1250756	501(C)(3)	20,000.	0.			SCIENCE COMPETITION AWARD
BRONX HIGH SCHOOL OF SCIENCE 75 W. 205TH ST.							
BRONX, NY 10468	13-6400434	501(C)(3)	18,000.	0.			SCIENCE COMPETITION AWARD
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY - 6560 BRADDOCK RD - ALEXANDRIA, VA 22312	54-0805373	501(C)(3)	14,000.	0.			SCIENCE COMPETITION AWARD
BRADDOCK RD - ADEXANDRIA, VA 22312	34-0003373	501(C)(3)	14,000.	0.			SCIENCE COMPETITION AWARD
WILLIAM A. SHINE GREAT NECK SOUTH HIGH SCHOOL - 341 LAKEVILLE ROAD			44.000				
- GREAT NECK, NY 11020	11-6002011	501(C)(3)	14,000.	0.			SCIENCE COMPETITION AWARD
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVENUE							
HACKENSACK, NJ 07601	22-6002432	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
OSSINING HIGH SCHOOL 29 SOUTH HIGHLAND AVENUE	12 6007160	E01/G)/3)	10.000	•			SCIENCE COMPETITION AWARD
OSSINING, NY 10562	13-6007160		10,000.	0.			SCIENCE COMPETITION AWARD 22.
2 Enter total number of section 501(c)(3) an							
3 Enter total number of other organizations listed in the line 1 table 0.							

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	
(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
PAUL D. SCHREIBER HIGH SCHOOL							
101 CAMPUS DRIVE							
PORT WASHINGTON, NY 11050	11-6001994	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
THE HARKER SCHOOL							
4525 UNION AVE.							
SAN JOSE, CA 95124	94-1613808	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
SCIENCE FAIR DIRECTORS INSTITUTE							
3912 SOUTH PINE DRIVE							
MILLCREEK, UT 84124	93-2621398	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
BYRAM HILLS HIGH SCHOOL							
10 TRIPP LANE							
ARMONK, NY 10504	13-6007152	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
SYOSSET HIGH SCHOOL							
70 SOUTHWOODS RD.							
SYOSSET, NY 11791	11-6002031	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
			-,				
HERRICKS HIGH SCHOOL							
100 SHELTER ROCK ROAD							
NEW HYDE PARK, NY 11040	11-6003159	501(C)(3)	8,000.	0.			EQUITABLE ACCESS FUND
PLANO WEST SENIOR HIGH SCHOOL							
5601 WEST PARKER ROAD	75-6002252	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
PLANO, TX 75093	75-6002252	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
AMERICAN HERITAGE SCHOOL							
12200 WEST BROWARD BOULEVARD							
PLANTATION, FL 33325	50-1235428	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
BRIARCLIFF HIGH SCHOOL							
444 PLEASANTVILLE ROAD							
BRIARCLIFF MANOR, NY 10510	13-6007162	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD

Part II Continuation of Grants and Other	Assistance to Do	mesuc Organizacions	and Domestic GC	veriments (OCH		<i>j</i>	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 non-cash assistance	(h) Purpose of grant or assistance
GREENWICH HIGH SCHOOL 1							
10 HILLSIDE ROAD							
GREENWICH, CT 06830	06-6002006	501(C)(3)	6,000.	0.			EQUITABLE ACCESS FUND
·			,				
ROSLYN HIGH SCHOOL							
475 ROUND HILL ROAD							
ROSLYN HEIGHTS, NY 11577	11-6001988	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
WELLINGTON C. MEPHAM HIGH SCHOOL							
3650 REED RD.							
COLUMBUS, OH 43220	31-0977200	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
·			·				
SARATOGA HIGH SCHOOL							
20300 HERRIMAN AVENUE							
SARATOGA, CA 95070	94-3118082	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS ACADEMY							
180 MAIN ST							
ANDOVER, MA 01810	04-2103579	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
IMPOVENCY, IET 01010	01 2103373	301(0)(3)	,,,,,,,	· ·			DOLLARD COMPLITION INMED
PHILLIPS EXETER ACADEMY							
20 MAIN STREET							
EXETER, NH 03833	20-0222174	501(C)(3)	6,000.	0.			EQUITABLE ACCESS FUND
PLAINVIEW-OLD BETHPAGE JOHN F.							
KENNEDY HIGH SCHOOL - 50 KENNEDY	11-6001737	501(C)(3)	6 000	0.			SCIENCE COMPETITION AWARD
DR PLAINVIEW, NY 11803	11-6001/3/	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
							1

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 SCIENCE EDUCATION					
COMPETITIONS	977	3,176,810.	0.		
SCHOOL AWARDS	237	469,000.	0.		
STEM ACTION AND RESEARCH GRANTS	66	392,587.	0.		
AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	100	379,590.	0.		
	26	22 500			
FAIR AWARD Part IV Supplemental Information. Provide the information re-	36 guired in Part Llin	33,500.		Iditional information	
PART I, LINE 2:	quired in Part I, iin	e 2, Part III, Column	(b), and any other ac	aditional information.	
ORGANIZATION RECIPIENTS ARE REQUIR	ED TO PRO	VIDE A WRI	TTTEN RECITE	ST DETAILING	
HOW THE FUNDS WILL BE USED. INDIVI					
UPON RECEIPT OF APPLICABLE PAPERWO					
THE INDIVIDUAL WON THE AWARD.					

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SOCIETY FOR SCIENCE & THE PUBLIC Part I Questions Regarding Compensation

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

			Yes	No
1 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 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		v	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		v	
	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			
	X Independent compensation consultant X 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:			v
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
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		х
	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			
Ů	contingent on the net earnings of:			
а	The organization?	6a		Х
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	Х	
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		Х
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) (Rev. 12-2024)

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAYA AJMERA	(i)	599,063.	100,000.	6,082.	42,646.	39,422.	787,213.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL ALPER	(i)	266,150.	10,000.	972.	27,721.	22,741.	327,584.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL VOSS	(i)	246,937.	5,000.	2,420.	26,001.	32,763.	313,121.	0.
PUBLISHER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID JENKINS	(i)	246,397.	0.	1,580.	25,000.	12,531.	285,508.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE GLIDDEN	(i)	232,430.	2,500.	2,716.	23,643.	12,531.	273,820.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES MOORE	(i)	220,245.	5,000.	1,520.	23,096.	22,741.	272,602.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY SHUTE	(i)	241,132.	0.	7,344.	24,113.	0.	272,589.	0.
EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GAYLE KANSAGOR	(i)	209,069.	5,000.	1,234.	22,133.	33,852.	271,288.	0.
CHIEF COMMS. & MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAWN ABEL	(i)	222,367.	0.	2,420.	22,500.	11,561.	258,848.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAITLIN GOLDBERG	(i)	193,630.	2,500.	1,997.	20,043.	12,531.	230,701.	0.
CHIEF OF EVENTS & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD MAXWELL	(i)	168,116.	2,500.	2,627.	18,000.	22,741.	213,984.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN EGTS	(i)	170,300.	5,000.	1,291.	17,390.	12,531.	206,512.	0.
CHIEF DESIGN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DEMIAN PERRY	(i)	179,634.	0.	1,160.	17,963.	0.	198,757.	0.
DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JANET RALOFF	(i)	155,293.	0.	6,799.	16,297.	11,041.	189,430.	0.
EDITOR, DIGITAL, SN EXPLORES	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERIC OLSON	(i)	166,174.	0.	1,071.	16,617.	520.	184,382.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

PROJECT-BASED

SCIENTISTS,

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 FORM 990 PROGRAM SERVICE ACCOMPLISHMENTS: PART III LINE 4A, IN 2015, THE SOCIETY EXPANDED ITS PROGRAMMING TO INCLUDE OUTREACH AND TO ENSURE THATYOUNG PERSON IN THE UNITED STATES EQUITY WORK EVERY HAS THE OPPORTUNITY TO BECOME A SCIENTIST OR WITH AN INTEREST IN STEM, 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 TROUBLESHOOT CHALLENGES AND DEVELOP A SUPPORT NETWORK PRACTICES, 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 FUNDS FOR INNOVATIVE COMMUNITY-BASED STEM ORGANIZATIONS. THESE PROGRAMS REACH MILLIONS OF STUDENTS, EDUCATORS AND COMMUNITY MEMBERS ACROSS THE THE DISTRICT OF COLUMBIA AND U.S. TERRITORIES.FOR UNITED STATES, DECADES, THE SOCIETY FOR SCIENCE HAS OFFERED MANY OF THE MOST REVERED IN THE WORLD: THE REGENERON SCIENCE TALENT K-12 SCIENCE COMPETITIONS THE REGENERON INTERNATIONAL SCIENCE AND ENGINEERING FAIR, FOR MIDDLE SCHOOL STUDENTS, BROADCOM MASTERS (MATH, APPLIED SCIENCE, TECHNOLOGY AND ENGINEERING FOR RISING STARS) THROUGH THESE PROGRAMS

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 THE SCIENCE NEWS EXPLORES PRINT MAGAZINE HAS NEARLY SOCIAL CHANNELS. 16,000 INDIVIDUAL SUBSCRIBERS, WHILE THE WEBSITE DREW MORE THAN 5 VISITORS MILLION UNIQUE IN2023 AND OVER 1 MILLION FACEBOOK FOLLOWERS.

GROWING

THE

PIPELINE

TALENT

OF

TO

STEM

BECOME

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 \$ 233,186. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WHICH ENCOURAGE AND REWARD INDEPENDENT SCIENTIFIC RESEARCH AND

INVENTORS.

SOCIETY IS

THE

PROFESSIONALS BY EMPOWERING OUR FUTURE GENERATION OF

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

LEARNING,

ENGINEERS AND

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

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

TO THE SOCIETY'S AUDIT COMMITTEE THE FORM 990 IS PROVIDED FOR REVIEW COMMENTS. PRIOR TO FILING THE FORM 990 WAS ALSO PROVIDED TO THE REST OF

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024 Page

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number
53-0196483

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

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE SOCIETY'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,199,434.
MANAGEMENT AND GENERAL EXPENSES	230,440.
FUNDRAISING EXPENSES	34,734.
TOTAL EXPENSES	2,464,608.
HR CONSULTING:	
PROGRAM SERVICE EXPENSES	122,038.
MANAGEMENT AND GENERAL EXPENSES	12,502.
FUNDRAISING EXPENSES	1,884.
TOTAL EXPENSES	136,424.
SECURITY:	
PROGRAM SERVICE EXPENSES	388,945.
MANAGEMENT AND GENERAL EXPENSES	39,845.
FUNDRAISING EXPENSES	6,006.
TOTAL EXPENSES	434,796.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	152,210.
MANAGEMENT AND GENERAL EXPENSES	15,593.
FUNDRAISING EXPENSES	2,350.
TOTAL EXPENSES	170,153.
ACTUARIAL CONSULTING:	
PROGRAM SERVICE EXPENSES	4,473.
MANAGEMENT AND GENERAL EXPENSES	458.
FUNDRAISING EXPENSES	69.

432212 01-29-25 Schedule O (Form 990) 2024

TOTAL EXPENSES

5,000.

Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
MAGAZINE CONSULTING:	
PROGRAM SERVICE EXPENSES	102,837.
MANAGEMENT AND GENERAL EXPENSES	102,837. 10,535.
FUNDRAISING EXPENSES	1,588.
TOTAL EXPENSES	114,960.
DESIGN SERVICES:	276 500
PROGRAM SERVICE EXPENSES	376,500.
MANAGEMENT AND GENERAL EXPENSES	38,570.
FUNDRAISING EXPENSES TOTAL EXPENSES	5,813. 420,883.
FREELANCE WRITERS:	
PROGRAM SERVICE EXPENSES	450,479.
MANAGEMENT AND GENERAL EXPENSES	46,149.
FUNDRAISING EXPENSES	6,956.
TOTAL EXPENSES	503,584.
PROGRAM SERVICE CONSULTING:	
PROGRAM SERVICE EXPENSES	643,020.
MANAGEMENT AND GENERAL EXPENSES	65,873.
FUNDRAISING EXPENSES	9,929.
TOTAL EXPENSES	718,822.
FREELANCE PHOTOGRAPHERS: PROGRAM SERVICE EXPENSES	122 077
MANAGEMENT AND GENERAL EXPENSES	133,877. 13,715.
FUNDRAISING EXPENSES	2,067.
TOTAL EXPENSES	149,659.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,118,889.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACCRUED POSTRETIREMENT BENEFIT ADJUSTMENT	287,000.

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOCIETY FOR SCIENCE & THE PUBLIC							
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	me End-of-year	assets Dire	sets Direct controlling entity	
SOCIETY 1776 MASS AVE LLC - 53-0196483							
1719 N STREET NW	TO OWN AND OPERATE REAL				SOCIETY :	OR SCIENC	CE &
WASHINGTON, DC 20036	ESTATE	DISTRICT OF COLUMBIA	A 1,118	,275. 95	7,617. THE PUBL	ic	
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	ations. Complete if the organization (b) Primary activity	answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	pecause it had one (e) Public charity status (if section	or more related tax (f) Direct controllir entity	Section con	(g) 512(b)(13) trolled ntity?
		.c.c.g.r coarnary/		501(c)(3))		Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	de V-UBI unt in box Schedule Form 1065) General of managing partner? Yes No		age		
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	ıtions?	amount in box	partn	ownersh	Percentage ownership		
		country)		rirect controlling entity entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No			
-														
										+				
											+			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
b Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d				
е	Loans or loan guarantees by related organization(s)				1e		_		
f	Dividends from related organization(s)				1f		_		
g	Sale of assets to related organization(s)				1g		_		
h	Purchase of assets from related organization(s)				1h		_		
i	Exchange of assets with related organization(s)				1i		_		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_		
- 1	Performance of services or membership or fundraising solicitations for related organization				11		_		
	n Performance of services or membership or fundraising solicitations by related organization				1m		_		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		_		
0	Sharing of paid employees with related organization(s)				10		_		
р	Reimbursement paid to related organization(s) for expenses				1p		_		
q	Reimbursement paid by related organization(s) for expenses				1q		_		
r	Other transfer of cash or property to related organization(s)				1r		_		
s	Other transfer of cash or property from related organization(s)				1s		_		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete this	s line, including covered re	elationships and transaction thresholds.					
		(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
							_		
2)									
							_		
3)									
							_		
4)									
							_		
5)									
		\Box							
6)									
2016	20.40.00.04			Sahadula B /Form 0	100\ (Da	w 1-202	ᅜ		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	()	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	Percentage ownership
				Tes No			165	NU	(1 01111 1000)	162	NO	
											-	
							\vdash			\vdash	$\vdash \vdash$	

Form 8879-TF

F

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2024, or fiscal year beginning	, 2024, and ending	, 20
or carcinaar year Let-1, or needs year beginning	, Lot-1, and onling	

OMB No. 1545-0047

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

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Name and title of officer or person subject to tax DAVID JENKINS PRESIDENT AND CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 32009 X | authorize GELMAN, ROSENBERG & FREEDMAN to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52230498693 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2024) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 402521 12-26-24

Form	990-T	E	OMB No. 1545-0047				
		l _		2024			
		For ca		and ending			2024
Departn Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and o not enter SSN numbers on this form as it may be made public it	your organization i	s an 501(c)(3).	501	en to Public Inspection for I(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see	instructions.)	D		er identification number
	empt under section	Print	SOCIETY FOR SCIENCE & THE PUBL			-0196483	
=	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instruction 1719 N ST NW	E	Group ((see ins	exemption number structions)	
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal	code	-		Ole and the second
	529(a)529A	C Pa	•	52,035,11	F		Check box if
G C	heck organization		X 501(c) corporation 501(c) trust 401(a) tr				an amended return. llege/university
u 0	neck organization	туре	6417(d)(1)(A) Applicable entity	01101			nego, ar iiversity
H C	heck if filing only to	o claim		orm 2439 E	lective payment a	moun	t from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding	corporation			
			ed Schedules A (Form 990-T)			2	
	•		e corporation a subsidiary in an affiliated group or a parent-s	ubsidiary controlle	ed group?	,	Yes X No
			d identifying number of the parent corporation		• • • •	_	05 0055
L ⊺ Par	he books are in car		EDWARD MAXWELL d Business Taxable Income	Telephone	number 202	2-78	85-2255
				isingsees (ees ins	tructions)	1	51,944.
1 2			ess taxable income computed from all unrelated trades or bu			2	JI, J44.
3	Add lines 1 and 2					3	51,944.
4			(see instructions for limitation rules) STMT 1			1	0.
5			s taxable income before net operating losses. Subtract line 4			5	51,944.
6			ting loss. See instructions			6	51,944.
7		•	ess taxable income before specific deduction and section 19				
	Subtract line 6 from		•			7	
8	Specific deduction	on (gen	erally \$1,000, but see instructions for exceptions)			3	1,000.
9	Trusts. Section 1	199A de	eduction. See instructions		<u></u>	9	
10			lines 8 and 9			0	1,000.
11	Unrelated busin	ess tax	cable income. Subtract line 10 from line 7. If line 10 is great	er than line 7, ente	er zero 1	1	0.
	t II Tax Com				1		
1	-		as corporations. Multiply Part I, line 11 by 21% (0.21)		<u> </u>	1	0.
2			rates. See instructions for tax computation. Income tax on				
•			Tax rate schedule or Schedule D (Form 1041)			2	
3	Proxy tax. See in					3	
4a			5, Part I , line 3, column (q)				
ь 5	Other tax amount		instructions			5	
5 6			acility income. See instructions				_
7			gh 6 to line 1 or 2, whichever applies				0.
	t III Tax and						
1a			orations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see						
С	General business	credit.	Attach Form 3800 (see instructions)				
d	Credit for prior-ye	ear mini	imum tax (attach Form 8801 or 8827)	1d			
е	Total credits. Ac	dd lines	1a through 1d		<u> 1</u>	е	
2			art II, line 7	1 1	<u>.</u>	2	0.
За	Amount from For	m 425	5, Part I, line 3, column (r) (see instructions)	За			
b	Amount due from						
С	Amount due from						
d	Amount due from						
е	Other amounts d	•	,				^
f			l lines 3a through 3e		<u>3</u>	f	0.
4			nd 3f (see instructions). L. Check if includes tax previous				0.
	section 1294. E	nter ta	x amount here			1	U •

Form 990-T (2024) Page 2 Tax and Payments (continued) Part III 0. Current net 965 tax liability paid from Form 965-A, Part II, column (k) Payments: Preceding year's overpayment credited to the current year 6a Current year's estimated tax payments. Check if section 643(g) election 6h Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Elective payment election amount from Form 3800 6g 6h Payment from Form 2439 Credit from Form 4136 i Other (see instructions) j Total payments. Add lines 6a through 6j 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2025 estimated tax 11 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 \$1,382,961.\$ Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover 866,755. 541800 \$ 459900 10,972. \$ \$ \$ Reserved for future use Reserved for future use Supplemental Information Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Sign May the IRS discuss this return with Here PRESIDENT AND CEO the preparer shown below (see Signature of officer Date Title instructions)? X Yes

Form 990-T (2024)

P00397829

52-1392008

PTIN

Phone no. 301 - 951 - 9090

if

Paid

Preparer

Use Only

Date

Preparer's signature

GELMAN, ROSENBERG & FREEDMAN

Firm's address BETHESDA, MD 20814-2930

4550 MONTGOMERY AVE SUITE 800N

Print/Type preparer's name

Firm's name

ELIZABETH W. HELLER

Check

self-employed

Firm's EIN

FORM 990-T	CONTRIBUTIONS	STATEMENT 1		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
VARIOUS C3 ENTITIES	N/A	272,056.		
TOTAL TO FORM 990-T, PART I, L	INE 4	272,056.		

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	2
~	CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022 YEAR 2023	218,000 263,105			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBU	rions	481,105 272,056		
	RIBUTIONS AVAILABLE COME LIMITATION AS AD	JUSTED	753,161 0	_	
	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	-	753,161 0 753,161	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	ON		_	0
TOTAL CONT	RIBUTION DEDUCTION				0

	382,961.
PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1, PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	51,944.
SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY SCHEDULE A SHARE	
1 2 0.	
2	
TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOL DEDUCTION	51,944.
EXPIRING NET OPERATING LOSSES	0.
	331,017.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	381,054.	79,038.	302,016.	302,016.
12/31/10	273,425.	0.	273,425.	273,425.
12/31/11	187,718.	0.	187,718.	187,718.
12/31/12	211,972.	0.	211,972.	211,972.
12/31/14	40,420.	0.	40,420.	40,420.
12/31/15	103,750.	0.	103,750.	103,750.
12/31/16	125,217.	0.	125,217.	125,217.
12/31/17	138,443.	0.	138,443.	138,443.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,382,961.	1,382,961.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

	ment of the Treasury Il Revenue Service Do not enter SSN numbers on this form as it	may be ma	ade public if your organiz	zation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A N	lame of the organization SOCIETY FOR SCIENCE & THE PUBLIC			B Employer identifi 53-01964	
<u>c</u> ւ	Unrelated business activity code (see instructions) 54180	00		D Sequence:	1 of 2
F	Describe the unrelated trade or business ADVERTISING				
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
12	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10	250 120	F10 400	154 050
11	Advertising income (Part IX)	11	358,130.	512,400.	-154,270.
12	Other income (see instructions; attach statement)		250 120	E10 400	-154,270.
<u>13</u>	Total. Combine lines 3 through 12	13	358,130.	512,400.	-154,270.
	Deductions Not Taken Elsewhere. See instructions directly connected with the unrelated business in	ncome			ns must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance				
4 5	Bad debts			5	
6	Interest (attach statement). See instructions				
7	Taxes and licenses		7		
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9					
10	Depletion Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. S				
-	column (C)				-154,270.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 1				-154,270.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Pac	ıe	2

	ule A (Form 990-T) 2024				Page 2
Part		nod of inventory valuation	on		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
<u>Part</u>	· · · · · ·		_		
1	Description of property (property street address, city, st	tate, ZIP code). Check i	f a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D	Т			
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
					•
5	Total deductions. Add line 4, columns A through D. Er		line 6, column (B)		0.
Part					
1	Description of debt-financed property (street address, c	ity, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D	T			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	<u> </u>	0.
		<u>.</u>			
9	Allocable deductions. Multiply line 3c by line 6				_
10	Total allocable deductions. Add line 9, columns A three				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see	e instruct	ions)	Page 3
			Exempt Controlled Organizations								
	Name of controlled organization		2. Employer identification number	incon			al of specified ments made	والمراب والمرابط المالية		nn 4 in the	Deductions directly connected with ncome in column 5
(1)											
(2)											
(3)											
<u>(4)</u>											
					Controlled O						1 12 12 11
	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specit		that is inc controlling gross	luded in	the ation's	CC	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		Enter I	columns 6 and 11. here and on Part I, e 8, column (B).
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instru	uctions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (4. Seta	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	ınte in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B).
Part		xempt /	Activity Income	, Other 1	Than Adve		g Income	(see inst	ructions)		_
1	Description of exploite			-							
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
										4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2024

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A SCIENCE NEWS				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	orresponding column.			
	·	A	В	С	D
2	Gross advertising income	358,130.			
а		•			358,130.
	· ·				
3	Direct advertising costs by periodical	512,400.			
а		·			512,400.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8	-154,270.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
а					0
	Part II. line 13				<u>U.</u>
Dart	Y Compensation of Officers Dire	otore and Truetope /	- ! t t! \		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	2 Dercentage	4 Componentian
Part	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A SCIENCE NEWS B C D C Gross advertising income A B C D 358 , 130 . B Direct advertising costs by periodical Add columns A through D. Enter here and on Part I, line 11, column (A) Add columns A through D. Enter here and on Part I, line 11, column (B) A Add columns A through D. Enter here and on Part I, line 11, column (B) 512 , 400 . A Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 7, and enter -0 on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0. Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 O .				
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted	attributable to
	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted to business	attributable to
1)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted to business %	attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted to business %	attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to
1) 2) 3) 4)	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name	ectors, and Trustees (se	ee instructions)	of time devoted to business % %	attributable to unrelated business

990-T SCH A	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	153,665.	0.	153,665.	153,665.
12/31/19	106,327.	0.	106,327.	106,327.
12/31/20	166,541.	0.	166,541.	166,541.
12/31/21	69,259.	0.	69,259.	69,259.
12/31/22	170,628.	0.	170,628.	170,628.
12/31/23	200,335.	0.	200,335.	200,335.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	866,755.	866,755.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 459900 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business MERCHANDISE SALES Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 72,386. 19,192. 53,194. Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 72,386. 19,192. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 250. 6 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 1,000. Other deductions (attach statement) SEE STATEMENT 6 14 1,250. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 Deduction for net operating loss. See instructions 17

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2024

51.944.

Pac	ıe	4

Part	III Cost of Goods Sold Fnter me	thod of inventory valuation	ın		Page Z
1		and of inventory valuation		1	_
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased With Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check it	a dual-use. See instruc	tions.	
	Α				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
					0
5 Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income	nter here and on Part I, I	ine 6, column (B)		0.
			and if a dual was Can in		
1	Description of debt-financed property (street address,	city, state, ZIP codej. Cri	eck ii a dual-use. See ii	istructions.	
	A				
	B				
	D				
		Α Ι	В	С	
2	Gross income from or allocable to debt-financed	A	В	•	<u>U</u>
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				_
b	Total deductions (add lines 3a and 3b,				
С	•				
4	columns A through D) Amount of average acquisition debt on or allocable				
4	.				
5	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement)		%	%	
6	Divide line 4 by line 5		<u>%</u>	<u>%</u>	
7 8	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D		L line 7 column (A)		0.
0	Total gross income (add line 7, columns A through D	, Linter Here and On Part	i, iiiie i , columnii (A)		
9	Allocable deductions. Multiply line 3c by line 6		T		
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	on Part L line 7, column		0.
11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2024 Page 3

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see instru	ctions)	
						E	xempt Contro	led Organizati	ons	
	1. Name of controlled	t l	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of co		6. Deductions directly
	organization		identification	incon	ne (loss)	payn	nents made	that is include controlling or		connected with
			number	(see ins	structions)			tion's gross i		income in column 5
(1)										
(2)										
(3)										
(4)										
			No	nexempt C	Controlled Or	ganizati	ons			
7	. Taxable Income	8. 1	Net unrelated	9. To	otal of specif	ied		of column 9	11.	Deductions directly
		in	icome (loss)	pa	yments mad	е		luded in the organization's		connected with
		(see	e instructions)					income	inc	come in column 10
<u>(1)</u>										
(2)										
(3)										
(4)										
								ins 5 and 10.	1	columns 6 and 11.
								and on Part I, olumn (A).		er here and on Part I, ne 8, column (B).
							11116 0, 0	` ,		
Totals							L	0	•	0.
Part			of a Section 50	1(c)(7), (nization _{(s}	ee instructions	5)	
	1. Desc	ription of	income		2. Amou		3. Deduction		et-asides	5. Total deductions and set-asides
					incon	ie	directly conne (attach state)	1 '	statemer	(add cols 3 and 4)
							(======================================	,		
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
					column 2.					column 5. Enter
					here and or					here and on Part I,
T-4-1-					line 9, colu	_				line 9, column (B).
Totals Part	VIII Evalaited E	vemet 1	Activity Income	Other T	 Than Adve	0.	Incomo	!	>	0.
	Description of exploite				man Auve	ะเ นอแไ		see instruction	is)	
1	•					- David I	line 10 celum	- (A)	ا ۾ ا	72,386.
2 3	Gross unrelated busine								2	12,500•
3	Expenses directly conf		•							19,192.
A	line 10, column (B) Net income (loss) from		trada ar businasa (3	19,194.
4	, ,					•			4	53,194.
5	lines 5 through 7 Gross income from act		e not unrolated bus							0.
5 6										0.
7	Expenses attributable Excess exempt expens								•	<u></u>
,									7	0.
	4. Enter here and on P	art II lina	1')							

Schedule A (Form 990-T) 2024

Part	IX Advertising Income				g
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
	•	_	В	С	D
2	Gross advertising income				
а	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A				
	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A				
3	Direct advertising costs by periodical				
а				•	0.
	, and the second				
4	Advertising gain (loss). Subtract line 3 from line	•			
5					
6					
7					
	line 5, subtract line 6 from line 5. If line 5 is less	5			
	than line 6, enter -0-				
8					
	deduction. For each column showing a gain or	1			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	ater of the line 8a columns tota	al or -0- here and on		
_	Part II, line 13	<u></u>			0.
<u>Part</u>	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
				- 1	
	1. Name	2. Title	C	of time devoted	
					unrelated business
(1)					
(2)					
3)					
4)				<u>%</u>	
					0
	Lenter here and on Part II, line 1				<u> </u>
Part	Supplemental information (see	instructions)			

FORM 990-T	(A)	OTHER DEDU	JCTIONS	STATEMENT 6
DESCRIPTIO	N			AMOUNT
TAX PREPAR	- ATION FEES			1,000.
TOTAL TO S	CHEDULE A, PART	II, LINE 14		1,000.
990-T SCH	A POST-	2017 NET OPERATI	ING LOSS DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINEI	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	10,972	. (10,972.	10,972.
NOT CARRYO	VER AVAILABLE TH	ITS YEAR	10,972.	10,972.

PRODUCTION OF UNRELATE			STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MARKETING & PROMOTIONS PRINTING AND PRODUCTION POSTAGE PROFESSIONAL FEES EQUIPMENT & SUPPLIES - SUBTOTAL -	- 2	7,093. 300. 3,252. 2,258. 6,289.	19,192.
TOTAL OF FORM 990-T, SCHEDULE A, PART VI	II, COLUMN	3	19,192.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

2024 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

ENTER DOLLAR AMOUNTS

1	Total estimated corporation franchise tax liability for the tax period.	1	250	. 00
2	Estimated franchise tax payments (include any tax overpayment credit).	2		. 00
3	Other payments.	3		. 00
4	Total payments and credits (add Lines 2 and 3).	4		. 00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5	250	. 00

Detach at perforation and mail the voucher, with payment attached, to the: Office of Tax and Revenue

PO Box 96019 Washington DC 20090-6019

443351 10-17-24

Government of the District of Columbia 2024 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

Amount of payment (dollars only)

250 . **00**

Taxpayer Identification Number 530196483

Tax period ending (MMDDYYYY) 12312024

Business Name or Designated Agent name

SOCIETY FOR SCIENCE & THE PUBLIC Business mailing address (number, street and suite/apartment number if applicable)

1719 N ST NW

City

WASHINGTON

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1019

Mark if Combined Report

if Living or Traveling Outside the U.S. Mark

Mark if 52-53 week filer

State ZIP Code + 4 DC 20036

NOV 15, 2025, for calendar year 2024, or until NOV 15, 2025 or fiscal year ending

, is requested.

Government of the District of Columbia

2024

D-20 SUB Corporation Franchise Tax Return

Taxpayer Identification Number (TIN) 530196483

In DC:

Number of business locations 1 Outside DC:

SOFTWARE DEVELOPER USE ONLY 1019 VENDOR ID #

Name of corporation

SOCIETY FOR SCIENCE & THE

12312024

Tax period ending (MMDDYYYY)

Mark if: Amended Return Mark if:

Final Return

Mark if: 52-53 week filer Mark if: Combined Report*
*You must fill in the Designated

Agent info below

Mark if: Worldwide**

**Worldwide form must be filed

with this return

Mark if:

Certified QHTC

Mark if:

QHTC located in DC Ballpark TIF Area

Business mailing address #1 1719 N ST NW

Business mailing address #2

City State ZIP code+4 WASHINGTON 20036 DC

Designated Agent Name Designated Agent TIN

	• R	EAD INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business ite	ms, see in	structions.)			llar amounts only. It amount is zero, leave line blank, enter amount and fill in space.
	1	Gross receipts, minus returns and allowances				1	0.00
ш	2	, , , ,	ment)			2	.00
GROSS INCOME	3	·		Mark if minus	;	3	.00
Š	4	Dividends from Form D-20, Schedule B				4	.00
- σ,	5	Interest (attach statement)				5	.00
S	6	Gross rental income from D-20, Schedule I, Column 3, Line 6				6	.00
E E	7	Gross royalties (attach statement)				7	.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)		Mark if minus	5	8(a)	.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)		Mark if minus	;	8(b)	.00
	9	Capital gains deferred on federal return due to investment in a federal				9	.00
		Qualified Opportunity Fund					
	10	Other income (loss) (attach statement) STATEME:	NT 1	Mark if minus	;	10	430516 .00
	11	Total gross income. Add Lines 3 - 10		Mark if minus	;	11	430516 .00
	12	Compensation of officers from Form D-20, Schedule C				12	.00
	13	č				13	.00
	14	Repairs				14	.00
S	15	Bad debts				15	.00
UCTIONS	16	Rent				16	.00
2	17	Taxes From Form D-20, Schedule D				17	.00
Ē		(a) Interest payments		.00			
)	(b) Minus nondeductible payments to related entities		.00	=	18c	.00
	19	Contributions and/or gifts (attach statement)				19	.00
	20	Amortization (attach a copy of your federal Form 4562)				20	.00
	21	Depreciation (attach a copy of your federal Form 4562)				21	.00
		Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)					
	22	Depletion (attach statement)				22	.00
	23	(a) Enter royalty payments made		.00			
		(b) Minus nondeductible payments to related entities		.00	=	23c	.00

Rev. 11/2024 443401 11-07-24

D-20 FORM, PAGE 2

Taxpayer Name: SOCIETY FOR SCIENCE & TH

Enter dollar amounts only

Taxpayer Identification Number (TIN) 530196483

 240203S21019	

sion, profit-sharing plans tal gains deferred due to DC approved investment in a DC Qualified				
•		24		.00
		25		.00
ortunity Fund				
er deductions (attach statement) STATEMENT	. 2	26	378322	.00
Il deductions. Add Lines 12-26		27	378322	.00
income Line 11 minus Line 27	Mark if minus	28	52194	
			02101	.00
	Mark II minus			.00
·				.00
			E 0 1 0 4	
	Mark if minus			
		31	1.0000	000
mbined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9			50404	00
ncome from trade or business apportioned to DC	Mark if minus	32	52194	.00
30 amount multiplied by Line 31 factor				
er income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	0	.00
I taxable income before apportioned NOL deduction	Mark if minus	34	52194	.00
32 plus or minus Line 33				
ortioned NOL deduction (Losses occurring in year 2000 and later) *		35	52194	.00
- · · · · · · · · · · · · · · · · · · ·				
	Mark if minus	36		.00
	man minas		0	.00
			· ·	.00
,		30	.00	
		40		00
		40	230	.00
			0.5.0	00
			250	
ax paid, if any, with original return if this is an amended return		41b		.00
024 estimated franchise tax payments		41c		.00
efundable credits from Schedule UB, Line 12		41d		.00
s is an amended 2024 return, enter refund requested with original return.		42		.00
I payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42		43	250	.00
nated tax interest (Mark if D-2220 attached)		44		.00
,	ount due.	45		.00
		· -		
7		46		.00
,	voi paid.			.00
				.00
runt to be refunded. Line 46 minus Line 47.		40		.00
	and amount multiplied by Line 31 factor r income/deductions attributable to DC (attach statement - see instructions) taxable income before apportioned NOL deduction 32 plus or minus Line 33 ortioned NOL deduction (Losses occurring in year 2000 and later) * as occurring in tax year 2018 or later are limited to 80%. See instructions.) I DC taxable income. Line 34 minus Line 35 3.25% of Line 36 s nonrefundable credits from Schedule UB, Line 9 DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 3 ax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts 1M or less or \$1,000 if DC gross receipts are greater than \$1M nents and refundable credits: ax paid, if any, with request for an extension of time to file ax paid, if any, with original return if this is an amended return 024 estimated franchise tax payments efundable credits from Schedule UB, Line 12 as is an amended 2024 return, enter refund requested with original return. payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42 atted tax interest (Mark if D-2220 attached) Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter ams spayment come from an account outside of the U.S.? Yes No See instructions 12	Again separated to non-business income (attach statement) (a) minus 29(b) (b) Mark if minus (c) minus 29(b) (c) Mark if minus (c) minus 29(c) (c) Mark if minus (d) Mark if minus (e) Mark if mi	spense related to non-business income (attach statement) 29b 29c (a) minus 29(b) 29c (a) minus 29(b) 29c (a) minus 29(c) 29c	spense related to non-business income (attach statement) (29b) (2)(a) minus 29(b) (29c) (20c) (

Email Address

NPTAX@GRFCPA.COM

240202521010

Taxpayer Name: SOCIETY FOR SCIENCE & T Taxpayer Identification Number (TIN) 530196483

	Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)					
I. Inventory at beginning of year				NAME AND ADDRESS OF DECLARING CORPORATION				AMOUNT	
2. Merchandise bought for manufacture or sale									
Salaries and wages									
Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)									
o. Total o. Minus: Inventory at end of tax year									
Cost of goods sold (Enter here and on D-20, Line 2.)									
Method of inventory valuation:									
					Dividends				
			N	Minus (deduction for Subp	art F Income.			
					deduction for divide owned subsidiary	ends received from			
			T	ГОТАL	(Enter here and on	D-20, Line 4.)			
Schedule C - Compensation of officers (See specific	instructio	ns for Lir			`		needed.)		
· · · · ·			Col. 3		Percent of (Corporation	Col. 6	Col. 7	
Col. 1		l. 2	Percent of		Stock		Amount	Expense	
Name and Address of Officer	Ullicia	al Title	Devoted Busine			Col. 5 Preferred	of Compensation	Account Allowances	
			Dusino	,33		1.10101100	o o p o o u u u u	7 0	
	_			%	%	%			
				%	%	%			
	+								
				0/	0/	0/			
	-			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here and	on D-20,	Line 12.)		%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here and Schedule D - Taxes (See specific instructions for Line		Line 12.)		%	%	%			
Schedule D - Taxes (See specific instructions for Line		,		%	%			AMOUNT	
,		,	OUNT	%	%	% EXPLANATION		AMOUNT	
Schedule D - Taxes (See specific instructions for Line		,		%	%			AMOUNT	
Schedule D - Taxes (See specific instructions for Line		,		%	%			AMOUNT	
Schedule D - Taxes (See specific instructions for Line		,					7.)	AMOUNT	
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report	9 17.)	AMı	OUNT			EXPLANATION	7.)	AMOUNT	
Schedule D - Taxes (See specific instructions for Line EXPLANATION	9 17.)	AM	OUNT	T 185	FOTAL (Enter here a	EXPLANATION		AMOUNT	
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report 1. Taxable income before net operating loss deduction and	e 17.)	AM	DC return	та т	FOTAL (Enter here a	EXPLANATION and on D-20, Line 1		AMOUNT	
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report 1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO 2. Income taxes (see specific instructions for line 17).	e 17.)	AM	OUNT DC return	TIS 7. TO	TOTAL (Enter here a	EXPLANATION and on D-20, Line 1 reported (from D-20, L	ine 36).	AMOUNT	
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO	e 17.)	AM	DC return	T 1 7. TO	TOTAL (Enter here a otal DC taxable income	EXPLANATION and on D-20, Line 1	ine 36). DEDUCTIONS		
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report 1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO 2. Income taxes (see specific instructions for line 17). 3 DC income taxes and franchise taxes imposed by DC	e 17.)	AM	DC return 51944	7. To NON NON NON NON NON NON NON NON NON NO	TOTAL (Enter here a otal DC taxable income	EXPLANATION and on D-20, Line 1 reported (from D-20, L	ine 36). DEDUCTIONS DC.		
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO Income taxes (see specific instructions for line 17). DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	e 17.)	AM	DC return 51944	T T T T T T T T T T	TOTAL (Enter here a otal DC taxable income apportioned other non-taxable income cluding NOL (itemize):	EXPLANATION and on D-20, Line 1 reported (from D-20, L E AND ADDITIONAL or allocated to outside the and additional deduction	DEDUCTIONS DC. tions		
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report 1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO 2. Income taxes (see specific instructions for line 17). 3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. 4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. 5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).	e 17.)	AM	DC return 51944	T 7. To NON NON NON (4)	TOTAL (Enter here a otal DC taxable income apportioned other non-taxable income cluding NOL (itemize):	EXPLANATION and on D-20, Line 1 reported (from D-20, L E AND ADDITIONAL or allocated to outside	DEDUCTIONS DC. tions		
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report 1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO 2. Income taxes (see specific instructions for line 17). 3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. 4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. 5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional	e 17.)	AM	DC return 51944	T T T NON 8. N 9. O in (4	TOTAL (Enter here a otal DC taxable income apportioned let income apportioned other non-taxable income additional NOL (itemize):	EXPLANATION and on D-20, Line 1 reported (from D-20, L E AND ADDITIONAL or allocated to outside the and additional deduct RATING LO	DEDUCTIONS DC. tions	AMOUNT 0	
Schedule D - Taxes (See specific instructions for Line EXPLANATION Schedule E - Reconciliation of the net income report Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCO Income taxes (see specific instructions for line 17). DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses). UNALLOWABLE FEDERAL	e 17.)	AM	DC return 51944	T T T NON 8. N 9. O in (4	TOTAL (Enter here a otal DC taxable income apportioned let income apportioned other non-taxable income additional NOL (itemize):	EXPLANATION and on D-20, Line 1 reported (from D-20, L E AND ADDITIONAL or allocated to outside the and additional deduction	DEDUCTIONS DC. tions	0	

Taxpayer Name: SOCIETY FOR SCIENCE & TH Taxpayer Identification Number (TIN) 530196483



Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

Column 3: Factor Column 1: TOTAL Column 2: in DC (Column 2 divided by Column 1) 1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income. . 00 . 00 For Financial Institutions: 2. SALES FACTOR: All gross income of the financial institution other than . 00 . 00 gross income from non-business income. 3. PAYROLL FACTOR: Total compensation paid or accrued by the financial . 00 . 00

4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

Schedule G- Balance Sheets	Beginning of Taxa	able Year	End of T	End of Taxable Year		
	(A) Amount	(B) Total	(A) Amount	(B) Total		
1. Cash						
2. Trade notes and accounts receivable				_		
(a) MINUS: Allowance for bad debts						
3. Inventories						
4. Gov't obligations: (a) U.S. and its instrumentalities						
(b) States, subdivisions thereof, etc						
5. Other current assets (attach statement)						
H6. Loans to stockholders 7. Mortgage and real estate loans						
				_		
8. Other investments (attach statement)				_		
Buildings and other fixed depreciable assets						
(a) MINUS: Accumulated depreciation						
10. Depletable assets						
(a) MINUS: Accumulated depletion						
11. Land (net of any amortization)						
12. Intangible assets (amortizable only)						
(a) MINUS: Accumulated amortization				_		
13. Other assets (attach statement)						
14. TOTAL ASSETS						
15. Accounts payable				_		
16. Mortgages, notes, bonds payable in less than 1 year						
17. Other current liabilities (attach statement)						
₫18. Loans from stockholders				_		
19. Mortgages, notes, bonds payable in 1 year or more						
20. Other liabilities (attach statement)						
21. Capital stock: (a) Preferred stock						
(b) Common stock						
22. Paid-in or capital surplus (attach statement)						
⊒ 23. Retained earnings - Appropriated (attach statement)						
₹24. Retained earnings - Unappropriated						
25. MINUS: Cost of treasury stock						
26. TOTAL LIABILITIES AND CAPITAL						

Taxpayer Name: SOCIETY FOR SCIENCE & TH

Taxpayer Identification Number (TIN) 530196483



Schedule H-1 - Reconciliation of	Income (Loss	s) per B	ooks With Incom	ne (l	Loss) per Return	240203031019	
Net income per books Federal income tax Excess of capital losses over capital gains Taxable income not recorded on books this year (itemize) Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation				7.	Income recorded on books this included in this return (itemize) Tax-exempt interest		
				ł	Deductions on this tax retu against book income this y (a) Depreciation (b) Depletion	ear (itemize).	
				9. 10.	TOTAL of Lines 7 and 8 Taxable Income (federal Form	n 1120, page 1, line 28	
6. TOTAL of Lines 1 through 5					should equal Line 6 minus Line	9 of this Schedule.)	
Schedule H-2 - Analysis of Unapp	propriated Re	tained	Earnings per Bo	oks			
1. Balance at beginning of year				5.			_
2. Net income per books					(D) Stock	K	
3. Other increases (itemize)				(c) Property6. Other decreases (itemize).			_
		-					
				7. 7	TOTAL of Lines 5 and 6		
4. TOTAL of Lines 1, 2 and 3					Balance at end of year (Line	_	
Schedule I - Income from Rent				<u> </u>			
Col. 1: Address of Property	Col. 2: Kin Proper		0011 01 01 000		Col. 4: Depreciation* or Amortization (per Federal Form 4562)	Col. 5: Repairs (Explain in Sch. I-1)	Col. 6: Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.							
2.							
3.							
4.							
5.							
6. TOTAL (Enter the total of Column 3	on D-20 Line						
Enter total of Column 4, 5, and 6 on app	ropriate deduc	tion line	•	ļ			I
*excludes federal depreciation and addi					- 4.4-1		
Schedule I-1 - Explanation of dedu	ictions claime	a in Co	olumn 5 and 6 of 8	sche	eaule I.		

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Taxpayer Name: SOCIETY FOR SCIENCE & TH

Taxpayer Identification Number (TIN) 530196483



*								
Schedule K - Disregarded Entities (Nar franchise tax purposes, whose income is	ne and TIN for any single included in the income re	mem eporte	nber limited ed on this re	liability company tha	t is treated as a disregoing business in the D	parded entity for District istrict). (See instructions.)		
Disregarded Entity Nan	ne	-		TIN				
		—						
-								
	_							
Supplemental Information					3. IRS SERVICE CENTER	WHERE FEDERAL RETURN		
1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	NC	* /	JSINESS BEGAN IN DC		WHERE FEDERAL RETURN D COVERED BY THIS RETURN:		
DELAWARE	04/25/1977	\longrightarrow	04/25	/19//	OGDEN, UI	·AH		
4. THE CORPORATION'S BOOKS ARE IN THE CARE C)⊦ -		F 100		N ST NW			
THE CORPORATION			5. LO	CATED AT - WASH	NGTON, DC	20036		
6. During 2024, has the Internal Revenue Service made								
adjustments to your federal income tax return, or did returns with the IRS?	X			If you have already prov a detailed statement, en				
				it was sent.	ior the date	MM/DD/YYYY		
If "YES", please submit separately a detailed staten to the address shown on page 9 under Amended re								
			V NO	Maria and Island				
7. Is this corporation unitary with another entity?		YES	X NO	If yes, explain:				
8. Is this return made on the accrual basis?	X	YES	S NO	If no, indicate basis us	ed: Cash Basis	Other (specify)		
9. Did you file a franchise tax return with DC	X	YES	S NO	If no, state reason:				
for the year 2023?								
10. Did you withhold DC income tax from wages paid to	your X	YES	S NO	If no, state reason:				
DC resident employees during 2024?								
11. Did you file annual information returns, federal forms	1096	YES	S X NO					
and 1099, relating to payment of dividends and inter	est for							
2024?								
12. (a) Has the business been terminated?		YES	S X NO	If yes, explain and giv	e date:			
(b) Have you moved out of DC?		YES	S X NO					
13. Did you file an annual ballpark fee return?		YES	S X NO					

^{*}Schedule J has been deleted.

DC FORM D-20	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
INCOME FROM UNRELATED E	BUSINESS ACTIVITIES	430,516
TOTAL TO FORM D-20, PAC	GE 1, LINE 9	430,516
DC FORM D-20	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
PER 990T SCHEDULE A EXI FAX PREPARATION FEES	PENSES RELATED TO UBI ACTIVITIES	377,322 1,000
TOTAL TO FORM D-20, PAG	GE 2, LINE 24	378,322
DC FORM D-20 MININ	MUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT 3
FROM SCHEDULE F, I	FOR OF DC SALES APPORTIONMENT FACTOR LINE 1, COLUMN 2 OF D-20. FINANCIAL USE AMOUNT ON SCHEDULE F, LINE 2,	0
2. ADD THE ADJUSTED BA	ASIS OF PROPERTY (LESS DEPRECIATION) EPORTED IN LINE 1	0
3. ADD NON-BUSINESS IN PER D-20, LINE 33	NCOME ALLOCATED TO DC REPORTED	0
4. TOTAL GROSS RECEIPT TOTAL TO D-20, LIN	TS (ADD LINES 1, 2 AND 3) NE 39	0



D-20 NOL Net Operating Loss Deduction for Tax Years 2000 to 2017 Complete a separate D-20 NOL for each business carrying forward a NOL.

Please attach this form to your D-20.

Name of corporation			Taxpayer Identification Number
SOCIETY FOR	SCIENCE & THE PUBLIC		530196483
Year	DC net income/loss	Losses claimed	Losses remaining
Oldest loss year 2009	299871.	52194.	\$ 247677.
Subsequent year 1 2010	273425.	0.	273425.
2 2011	187718.	0.	187718.
3 2012	211972.	0.	211972.
2014	40420.	0.	40420.
2015	103750.	0.	103750.
6 2016	125217.	0.	125217.
2017	138443.	0.	138443.
8			
9			
10			
11			
12			
13			
14			
15			
	* Available Unclaimed Loss	Total losses claimed.	Total losses remaining (to be carried forward).
	Summary:	\$ 52194.	\$ 1328622.

443721 04-01-24

• Add these totals to D-20 NOL Net Operating Loss Deduction for Tax Years 2018 and later.

Revised 07/2021 17181112 745960 32009



D-20 NOL Net Operating Loss Deduction for Tax Years 2018 and Later Complete a separate D-20 NOL for each business carrying forward a NOL. Please

attach this form to your D-20.

Name of corporation	Name of corporation Taxpayer Identification Number							
SOCIETY FOR	SCIENCE & THE PUBL		530196483					
Year - 2018 and Later	DC net income/loss	Losses claimed*	Losses remaining					
Oldest loss year 2018	\$ 153665.	\$ 0.	\$ 153665.					
Subsequent year 1 2019	106327.	0.	106327.					
2020	166541.	0.	166541.					
3 2021	69259.	0.	69259.					
2022	181600.	0.	181600.					
5								
6								
7								
8								
9								
10								
Year 2000 to 2017 From D-20 NOL Deduction for Tax Years 2000-2017	DC net income/loss	Losses claimed	Losses remaining					
	1380816.	52194.	1328622.					

Summary:

Add losses claimed for tax years 2000 to 2017 to losses claimed for tax years 2018 and later.

*Deductions for DC apportioned net operating losses occurring in tax years 2018 and later are limited to 80% of District taxable income computed without regard to the deduction.

Total losses claimed.	Total losses remaining (to be carried forwa			
\$ 52194.	\$	2006014.		

[•] Enter loss on D-20, Line 35.

Revised 07/2021

443761 04-01-24

** 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)

Open to Public

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	e 2024 calendar year, or tax year beginning and e	ending					
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres change							
	Name change	Doing business as SOCIETY FOR SCIENCE		53-0196483				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1719 N ST NW	E Telephone number 202-785-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	91,128,420.			
	Ameno	WASHINGTON, DC 20030		H(a) Is this a group re				
	Application pending	F Name and address of principal officer: MATA K. AUMERA		for subordinates	? Yes X No			
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	list. See instructions			
	Websit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption 1921	n number N State of legal domicile: DE			
	art I	Summary	L Year	or formation. 1921 N	A State of legal domiche. DE			
	1	Briefly describe the organization's mission or most significant activities: ${ t SEE t t t t t t t t t t t t t $	PART I	II, LINE 1.				
Governance				than 050/ of its mot and				
/err	3	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		3	17			
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			17			
و در	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			127			
it E	6	Total number of volunteers (estimate if necessary)			1900			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			430,516.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		56,204,256.	82,135,728.			
Revenue	9	Program service revenue (Part VIII, line 2g)		5,457,902.	6,012,528.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,710,035.	1,485,776.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		208,108.	1,494,388.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		63,580,301.	91,128,420.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,179,153.	5,124,534.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,457,452. 165,796.	15,586,977. 226,963.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,173,39		105,790.	220,903.			
X	D	 		18,807,984.	19,943,632.			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,610,385.	40,882,106.			
		Revenue less expenses. Subtract line 18 from line 12		24,969,916.	50,246,314.			
<u></u>		Thevenue less expenses. Oubtract line to from line 12	Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		14,655,035.	165,328,887.			
Assi	21	Total liabilities (Part X, line 26)		14,530,799.	13,293,771.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		00,124,236.	152,035,116.			
P	art II	Signature Block	•	·				
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		Cignature of officer		Doto				
Sig		Signature of officer		Date				
He	re	MAYA K. AJMERA, PRESIDENT AND CEO Type or print name and title						
			Ιſ	Date Check	PTIN			
Pai	d	Preparer's name ELIZABETH W. HELLER Preparer's signature		if self-employ	500207000			
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN			2-1392008			
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		THIII 3 LIN 3				
	,	BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090			
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No			
_	-							

Form	990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC	53-0196483	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SOCIETY FOR SCIENCE IS A CHAMPION FOR SCIENCE, DEDICATED	TO EXPANDIN	G
	SCIENTIFIC LITERACY, EFFECTIVE STEM EDUCATION AND SCIENT	FIC RESEARC	Η.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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 r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 21,421,441. including grants of \$ 5,124,534.) (Revenue	1,980,	272.)
	SCIENCE EDUCATION PROGRAMS - FOR DECADES, SOCIETY FOR SCI	ENCE HAS	
	OFFERED WORLD-CLASS SCIENCE AND ENGINEERING RESEARCH COM	PETITIONS FO	R
	YOUNG PEOPLE. THE REGENERON SCIENCE TALENT SEARCH (REGENE	ERON STS) IS	
	THE NATION'S OLDEST AND MOST PRESTIGIOUS SCIENCE AND MATE	COMPETITIO	N
	FOR HIGH SCHOOL SENIORS. THE REGENERON INTERNATIONAL SCI	ENCE AND	
	ENGINEERING FAIR (REGENERON ISEF) IS THE WORLD'S LARGEST	GLOBAL SCIE	NCE
	COMPETITION FOR HIGH SCHOOLERS. THE THERMO FISHER SCIENT	FIC JUNIOR	
	INNOVATORS CHALLENGE (THERMO FISHER JIC) IS THE SOCIETY'S	PREMIER	
	MIDDLE SCHOOL STEM COMPETITION FOR U.S. STUDENTS IN GRADI	ES SIX THROU	GH
	EIGHT. THROUGH THESE COMPETITIONS, THE SOCIETY ENCOURAGES	AND REWARD	S
	INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNIN	NG WHILE	
	GROWING THE PIPELINE OF FUTURE STEM PROFESSIONALS		
4b	(Code:) (Expenses \$ 11,857,428. including grants of \$) (Revenue)	ue\$ 4,032,	256.)
	SOCIETY FOR SCIENCE WAS FOUNDED IN 1921 WITH A MISSION TO	PROVIDE	
	IN-DEPTH, TRUSTWORTHY, ACCURATE SCIENCE JOURNALISM FOR THE	HE PUBLIC.	
	SINCE THEN, OUR OFFERINGS HAVE GROWN TO INCLUDE OUR FLAGS	SHIP PRINT	
	MAGAZINE SCIENCE NEWS AND ITS WEBSITE. WE ALSO CREATED SO		
	EXPLORES, WHERE YOUNGER READERS, THEIR FAMILIES AND TEACH	HERS CAN	
	EXPLORE NEW DISCOVERIES ACROSS SCIENCE, TECHNOLOGY, ENGIN	NEERING, AND	
	MEDICINE, AND LEARN HOW RESEARCH HELPS US ALL UNDERSTAND	OUR WORLD A	ND
	OUR LIVES. THROUGH ITS SCIENCE NEWS LEARNING PROGRAM, THI	SOCIETY	
	PROVIDES SCIENCE NEWS MAGAZINE AND SUPPLEMENTARY EDUCATOR	R GUIDES TO	
	MORE THAN 5,800 MIDDLE AND HIGH SCHOOLS ACROSS THE U.S.,		ENT
	SCIENCE ACCESSIBLE TO STUDENTS AND EDUCATORS. SCIENCE NEW		
	THAN 116,000 PAID SUBSCRIBERS, AND OVER 17 MILLION UNIQUE	ONLINE USE	RS
4c	(Code:) (Expenses \$)
	ALUMNI PROGRAM: IN 2014, THE SOCIETY ESTABLISHED AN ALUMN		HAT
	SEEKS TO ENGAGE SOCIETY ALUMNI THROUGH ONLINE NETWORKS, I		
	VOLUNTEER OPPORTUNITIES. THE PROGRAM ALSO WORKS TO RE-EST		
	CONNECTIONS WITH ALUMNI WHO HAVE LOST TOUCH WITH THE SOC		
	COMMUNITY IS COMPRISED OF MORE THAN 75,000 STS, ISEF AND	MIDDLE SCHO	OL
	COMPETITION ALUMNI ACROSS THE GLOBE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 233, 186 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 34,265,584.		
			-

Form 990 (2024) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	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		v	
	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		<u> </u>
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domocio government orti artix, columni (y.), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Form	1 990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC 53-019	96483	Р	age 4
Pai	rt 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	X	ــــــ
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			l
	Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? If			l
	"Yes," complete Schedule L, Part IV	. 28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	oxdot
			Yes	No
		95		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	U		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

Form 990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC

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

	- C - C - C - C - C - C - C - C - C - C		V	NIa
20	Entar the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 127			
h		2b	Х	
b 3a	at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	N/			
	"Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O			
Tu	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
a		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	อม		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
C	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15				x
	excess parachute payment(s) during the year?	15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
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** (2024)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
	officer, director, trustee, or key employee?			2		Х
3						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					Х
6	Did the organization have members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation and the power to			6_		
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1		
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.5		
а	The governing body?	,	ŭ	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.5	† <u></u>	
Ū	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 Re	wonuo	Codo l	. , .	1	
	(This Section B requests information about policies not required by the internal re	venue	Coue.j		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			1.52		
_		-	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 20.0.	5g	116		
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					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			.		
·	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?				Х	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by int	асрепасти			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		
	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 arranger	nent w	ith a			
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
				16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			100	1	
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		T (section 501(c)(3)s only	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	าน ฮฮป	1 (36011011 3011(0)(Jo Ulliy)	avalia	DIG
			handrila (C)			
10	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina-	oial	
19		n mict C	i interest policy, a	nu iinar	ıcıal	
20	statements available to the public during the tax year.	ake en	l rocarda			
20	State the name, address, and telephone number of the person who possesses the organization's book EDWARD MAXWELL - 202-785-2255	ono ali(11500105			
	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)	(B)	J		((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Cei ai	lu a u	II ecto	i / ii us	(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	nal tru		oyee	om pe		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	ndividual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MAYA AJMERA	37.50								_	
PRESIDENT & CEO				Х				705,145.	0.	82,068.
(2) RACHEL ALPER	37.50								_	
CHIEF OPERATING OFFICER				Х				277,122.	0.	50,462.
(3) MICHAEL VOSS	37.50								_	
PUBLISHER					Х			254,357.	0.	58,764.
(4) DAVID JENKINS	37.50								_	
CHIEF FINANCIAL OFFICER				Х				247,977.	0.	37,531.
(5) MICHELE GLIDDEN	37.50	1								
CHIEF PROGRAM OFFICER					Х			237,646.	0.	36,174.
(6) JAMES MOORE	37.50								_	
CHIEF TECHNOLOGY OFFICER					X			226,765.	0.	45,837.
(7) NANCY SHUTE	37.50	1								
EDITOR IN CHIEF					Х			248,476.	0.	24,113.
(8) GAYLE KANSAGOR	37.50	1								
CHIEF COMMS. & MARKETING OFFICER					Х			215,303.	0.	55,985.
(9) DAWN ABEL	37.50	-								
CHIEF ADVANCEMENT OFFICER					Х			224,787.	0.	34,061.
(10) CAITLIN GOLDBERG	37.50	-								
CHIEF OF EVENTS & OPERATIONS					Х			198,127.	0.	32,574.
(11) EDWARD MAXWELL	37.50	1								
DIRECTOR OF FINANCE						X		173,243.	0.	40,741.
(12) STEPHEN EGTS	37.50	-				l				
CHIEF DESIGN OFFICER						X		176,591.	0.	29,921.
(13) DEMIAN PERRY	37.50	-				l				
DIGITAL DIRECTOR						X		180,794.	0.	17,963.
(14) JANET RALOFF	37.50	-				l				
EDITOR, DIGITAL, SN EXPLORES						X		162,092.	0.	27,338.
(15) ERIC OLSON	37.50					l		4.57 0.45		4- 40-
DIRECTOR OF ANNUAL GIVING						X		167,245.	0.	17,137.
(16) MARY SUE COLEMAN	3.00	l		l						_
CHAIR (UNTIL 10/24)	2 22	Х	_	X		_		0.	0.	0.
(17) HAYLEY BAY BARNA	3.00	ļ								_
TREASURER		X		X				0.	0.	990 (2024)

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rt VII, Section A							0.	0.	0.
							3,695,670.	0.	590,669.
	(B) Average hours per week (list any hours for related organizations below line) 3.00 3.00 3.00 3.00 3.00 3.00	(do box offin (list any hours for related organizations below line) 3.00 X 3.00 X	Trustees, Key Employees, (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00 X	Trustees, Key Employees, and (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00	Trustees, Key Employees, and High (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00	(B) Average hours per week (list any hours for related organizations below line) 3.00 X X X 3.00 X 3.00	Co Co Position Co Co Position Co Co Co Co Co Co Co	(B) Average hours per week (list any hours for related organizations below line) 3.00 X X X X 0. 3.00 X X X 0. 3.00 X X X 0. 3.00 X 0.	Continued Cont

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

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

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

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

S 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		
3536 NW 35TH AVE, PORTLAND, OR 97210	EVENT SERVICES	1,521,986.
QUAD/GRAPHICS, INC, N61 W23044 HARRY'S	MANUFACTURING/PRINTI	
WAY, SUSSEX, WI 53089-3995	NG SERVICES	1,194,924.
REINKING ENTERPRISES INC	DIRECT MAIL/PRINTING	
13175 GEORGE WEBER DRIVE, ROGERS, MN 55374	SERVICES	974,819.
TASTE OF LOS ANGELES, 980 N MICHIGAN AVE,	FOOD AND BEVERAGE	
SUITE 500, CHICAGO, IL 60611	SERVICES	937,688.
AVALON CONSULTING GROUP INC, 805 15TH		
STREET NW, SUITE 700, WASHINGTON, DC 20005	CONSULTING SERVICES	676,468.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization 38		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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Form 990 SOCIETY	FOR SCIE	:NC	<u> E</u>	&	TH	E	PU	BLIC	53-019	6483
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that apply)		ly)	compensation	compensation	amount of
	per	Ť				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	99			sated		(W-2/1099-MISC)		organization
	organizations	rustee	l trus		ee ,ee	u beu				and related organizations
	below	dual tı	rtiona	_	m plo	stcor	<u></u>			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DIANNE K. NEWMAN	3.00									
TRUSTEE		Х						0.	0.	0.
(28) RODERIC IVAN PETTIGREW	3.00									
TRUSTEE		Х						0.	0.	0.
(29) AFTON VECHERY	3.00									
TRUSTEE		Х						0.	0.	0.
(30) GIDEON YU	3.00									
TRUSTEE		Х						0.	0.	0.
(31) FENG ZHANG	3.00									
TRUSTEE		Х						0.	0.	0.
(32) CHRISTOPHER BOUTON	3.00									
TRUSTEE		Х						0.	0.	0.
(33) KRISTINA M. JOHNSON	3.00									
TRUSTEE (FROM 10/24)		Х						0.	0.	0.
(34) DAVE SHULL	3.00									
TRUSTEE (FROM 10/24)		Х						0.	0.	0.
			\vdash							
		-								
			_	_						
			_							
							<u> </u>			
Total to Part VII, Section A, line 1c										

Form 990 (2024) SOCIETY
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Ω, E	c	Fundraising events 1c					
iifts ar A		Related organizations 1d					
s, G		Government grants (contributions)	118,200.				
isi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	82,017,528.				
Öğ	ç	Noncash contributions included in lines 1a-1f	7,554.				
Co	ŀ	Total. Add lines 1a-1f		82,135,728.			
			Business Code				
ø	2 8	SCIENCE NEWS	513120	3,674,126.	3,674,126.		
Program Service Revenue	k	SCIENCE EDUCATION	611710	1,907,886.	1,907,886.		
Sel	c	SCIENCE NEWS ADVERTISING	541800	358,130.		358,130.	
an	c	MERCHANDISE SALES	459900	72,386.		72,386.	
ogr B	6						
Ā	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		6,012,528.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,485,776.			1485776.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties		244,082.	223,049.		21,033.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 1,118,275.					
	k	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 1,118,275.					
	c	Net rental income or (loss)		1,118,275.			1118275.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses 7b					
her Revenue	(Gain or (loss) 7c					
Re	c	Net gain or (loss)					
ЭĒ	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
_		Net income or (loss) from sales of inventory					
<u>v</u>			Business Code				
eon Je	11 a	MISCELLANEOUS INCOME	900099	132,031.			132,031.
Miscellaneous Revenue	t						
Sev Sev	C						
Mis	C	All other revenue		404 000			
	•	Total. Add lines 11a-11d		132,031.	F 005 05:	400 545	0555115
	12	Total revenue. See instructions		91,128,420.	5,805,061.	430,516.	2757115.
432009	9 12-1)-24					Form 990 (2024)

Form 990 (2024) SOCIETY FOR SCIENCE & THE PUBLIC Part IX Statement of Functional Expenses

0	501(4)(0) - 4501(4)(4)			(.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
_	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX	(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	272,056.	272,056.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,451,487.	4,451,487.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	400,991.	400,991.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,375,361.	2,367,447.	693,156.	314,758.
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	9,550,654.	7,704,771.	711,200.	1,134,683.
8	Pension plan accruals and contributions (include	-,,	, ,	-,	, :-,:::
J	section 401(k) and 403(b) employer contributions)	824,949.	668,535.	55,765.	100,649.
9	Other employee benefits	891,990.	714,626.	66,677.	110,687.
10	Payroll taxes	944,023.	738,522.	98,432.	107,069.
		711,023.	750,522.	50,452.	107,003.
11	Fees for services (nonemployees):				
a	Management	195,428.	174,820.	17,909.	2 600
b	Legal	176,829.	158,182.	16,205.	2,699. 2,442.
	Accounting	170,049.	130,102.	10,203.	2,442.
	Lobbying	226,963.			226,963.
	Professional fundraising services. See Part IV, line 17			102 015	440,903.
f	Investment management fees	103,815.		103,815.	
g	Other. (If line 11g amount exceeds 10% of line 25,	F 110 000	4 572 012	472 600	71 206
	column (A), amount, list line 11g expenses on Sch O.)	5,118,889.	4,573,813.	473,680.	71,396.
12	Advertising and promotion	713,420.	639,192.	010 540	74,228.
13	Office expenses	459,467.	218,424.	218,540.	22,503.
14	Information technology	2,443,647.	1,991,605.	158,929.	293,113.
15	Royalties		1-0-01		
16	Occupancy	825,442.	479,881.	308,262.	37,299.
17	Travel	3,509,490.	3,472,142.	20,973.	16,375.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	881,606.	872,224.	5,268.	4,114.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	224,691.	130,627.	83,911.	10,153.
23	Insurance	284,510.	135,252.	135,324.	13,934.
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	2,401,332.	2,037,301.	7,009.	357,022.
b	POSTAGE & DELIVERY COST	1,617,327.	1,372,148.	4,720.	240,459.
C	REPAIR AND MAINTENANCE	655,157.	380,884.	244,669.	29,604.
d	EQUIPMENT AND SUPPLIES	293,309.	291,984.	211,000.	1,325.
		39,273.	18,670.	18,680.	1,923.
	All other expenses Add lines 1 through 24a	40,882,106.	34,265,584.	3,443,124.	3,173,398.
25	Total functional expenses. Add lines 1 through 24e	±0,002,100•	J4,40J,J04•	J, 44J, 144.	3,113,390.
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

Form **990** (2024)

Form 990 (2024)
Part X Balance Sheet

Par	LA	Balance Sneet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,551,275.	1	8,447,785
	2	Savings and temporary cash investments			19,037,919.	2	12,228,209
	3	Pledges and grants receivable, net			60,569,206.	3	105,161,496
	4	Accounts receivable, net			696,276.	4	320,234
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			540,914.	9	873,664
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,374,930.			
	b			3,877,076.	1,357,392.		14,497,854
	11	Investments - publicly traded securities			29,483,168.	11	23,767,902
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets	4 440 005	14	24 542		
	15	Other assets. See Part IV, line 11			1,418,885.	15	31,743
	16	Total assets. Add lines 1 through 15 (must equal I			114,655,035.	16	165,328,887
	17	Accounts payable and accrued expenses	2,337,646.	17	2,206,454		
	18	Grants payable			5,289,539.	18	5,272,734
	19	Deferred revenue			4,315,936.	19	4,165,583
	20					20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
a:		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 1° of Schedule D	7-24).	Complete Part X	2,587,678.	25	1,649,000
	26				14,530,799.		13,293,771
	20	Total liabilities. Add lines 17 through 25			14,550,755	20	15,255,771
S		and complete lines 27, 28, 32, and 33.	Here	, 21			
2	27	• • • • • • • • • • • • • • • • • • • •			24,844,775.	27	36,001,301
3ala	28	Net assets with donor restrictions			75,279,461.		116,033,815
틸	20	Organizations that do not follow FASB ASC 958	70727371021	20			
ᆵᅵ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			100,124,236.	32	152,035,116
z	33	Total liabilities and net assets/fund balances			114,655,035.	33	165,328,887

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,12					
2	Total expenses (must equal Part IX, column (A), line 25)	2	40	,88	2,1	06.			
3	Revenue less expenses. Subtract line 2 from line 1	3	50	,24	6,3	14.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100	,124,236					
5	1								
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		287,000					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	152	,03	5,1	16.			
Pa	rt 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	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	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?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	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?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
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		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2024)

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.

Open to Bubl

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCTETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

Pa	rt I	Reason for Public ((All organizations must c			ee instructions.	3 0130403				
_		ization is not a private found										
1		A church, convention of ch	•	•	•	•	(VAVi)					
2	H	,	*			11 170(0)((A)(I).					
	H	A school described in sect				/L\/4\/A\/::	:1					
3	H	A hospital or a cooperative					•	Alan languitalla mana				
4	ш	A medical research organiz	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the hospital's hame,				
_		city, and state:		la a a a a a a a a a a a a a a a a a a								
5	Ш	An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ea in				
		section 170(b)(1)(A)(iv). (C										
6	\vdash	A federal, state, or local gov	•				• •					
7		An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general _l	oublic described in				
		section 170(b)(1)(A)(vi). (C	•									
8	\vdash	A community trust describe										
9	Ш	An agricultural research org										
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
10	X	An organization that norma	•				•	· ·				
		activities related to its exem		•	• •		• •	•				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. 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 or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
а			anization operated, s	upervised, or controlled I	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to req	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	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d 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	t complete Part IV,	Sections A and C.								
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	uirement and an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Tota	al											

432021 01-14-25

Schedule A (Form 990) 2024 SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	_		_	,		,
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·		•	•		
800	organization, check this box and stor						
	tion C. Computation of Publi			1 (0)			0.4
	Public support percentage for 2024 (I		•	2.22		14	%
	Public support percentage from 2023					15	<u>%</u>
Ioa	33 1/3% support test - 2024. If the contain here. The organization qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2023. If the o		-			4 or more check th	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
ı, a	and if the organization meets the fact:						
	meets the facts-and-circumstances te			-		_	
h	10% -facts-and-circumstances test	-			-	 17a and line 15 is	
J	more, and if the organization meets the	-	-				1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		u			,		

432022 01-14-25

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, picase comp	noto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(-,	(.,	(-,	(1),====	(-,	(,, , , , , , , , , , , , , , , , , , ,
		10546075.	12540836.	18172605.	56204256.	82135728.	179599500
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4665462.	4080494.	5332273.	5259740.	5805061.	25143030.
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						
	The value of services or facilities furnished by a governmental unit to the organization without charge	15011505	4.6604.222	00504080	51.452005		
	Total. Add lines 1 through 5	15211537.	16621330.	23504878.	61463996.	87940789.	204742530
	Amounts included on lines 1, 2, and 3 received from disqualified persons	2872250.	2948210.	3581844.	757,500.	1572296.	11732100.
lo.	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	2872250.	2948210.	3581844.	757,500.	1572296.	
8	Public support. (Subtract line 7c from line 6.)						193010430
	ction B. Total Support	1			T	г	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	15211537.	16621330.	23504878.	61463996.	87940789.	204742530
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1046099.	1432076.	990,140.	1523889.	2848133.	7840337.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1046099.	1432076.	990,140.	1523889.	2848133.	7840337.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,538.	10,928.			132,031.	
	· · · · · · · · · · · · · · · · · · ·	16277174.			•		
14	First 5 years. If the Form 990 is for the	S .			,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>'</i>
Ser	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2024 (I			column (f)\		15	90.72 %
	Public support percentage from 2023		•			16	86.64 %
	etion D. Computation of Inves					, ,, ,	70
	Investment income percentage for 20			ne 13, column (f))		17	3.69 %
	Investment income percentage from					18	4.66 %
	33 1/3% support tests - 2024. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
α	Private foundation. If the organization	on did not chack a l	hay an line 1/1 10/	a or 10h chack th	ie hav and eag inc	tructions	1 1

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")? |f "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?
- 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).
- 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
n 990)	2024

Schedule A (Form 990

Par	rt 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		
	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,			
<u> </u>	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	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			
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2024

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024		(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
с	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
<u>i</u>	Carryover from 2019 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2024 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				

Schedule A (Form 990) 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.			
	(See instructions.)			
	LE A, PART III			
	CIETY RECEIVED UNUSUAL GRANTS AS FOLLOWS:			
2020:	11,771,932			
2021:	7,943,291			

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Name of the organization

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 is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	s 66,107,342.	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>2,164,650.</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
3		\$1,800,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,100,004.	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		\$ <u>1,000,000</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
6		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$381,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 350,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 300,000.	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		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

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		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	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
23		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$0,000.	Person X Payroll

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		\$50,000.	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		\$ <u>46,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	- Nume, address, and En 1 7	\$36,353.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$30,000.	Person X Payroll

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		\$ 29,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 26,748.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$\$	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)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$\$	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
<u>45</u>		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 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
47		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
49		\$\$	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
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51_		\$ 16,995.	Person X Payroll
(a)	(b)	(c)	(d)
52	Name, address, and ZIP + 4	\$ 15,000.	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
53		\$ <u>15,000.</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
54		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$12,600.	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 \$ 11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$11,412.	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		\$10,290.	Person X Payroll

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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$10,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$10,041.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	\$ 10,010.	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
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$	Person X Payroll

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		\$	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		\$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
69		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$ 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
71		\$	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
72		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 76	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
77		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$10,000.	Person X Payroll

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	Total contributions \$ 9,800.	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
83		\$9,312.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$8,100.	Person X Payroll

SOCIETY FOR SCIENCE & THE PUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$8,000.	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
86		\$7,895.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$7,554.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	* Total contributions	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		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$7,500.	Person X Payroll

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 91 X Person **Payroll** 7,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 92 X Person **Payroll** 7,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person **Payroll** 6,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll 5,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 Person Payroll 5,625. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 96 X Person **Payroll** 5,311. Noncash (Complete Part II for

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
97		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$5,082.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	Name, address, and Zir + +	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$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
102		\$5,000.	Person X Payroll

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
103		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
106	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
107		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
109		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$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
111		\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No	Name, address, and ZIP + 4	\$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
113		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll

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 contribution	(d) Type of contribution
115		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
116		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person Payroll

Noncash (Complete Part II for

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 a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	85 SHARES PSEG		
		\$	12/31/24
(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
100.150, 01.00		\$	

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

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number 53-0196483

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Similar Fund	s or Acc	counts. Complete if the
		(a) Donor advis	sed 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 v	writing that the assets h	neld in donor adv	rised funds	
	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for a	any other purpos	e conferrin	g
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply))		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a histori	cally important land area
	Protection of natural habitat		Preservation	of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the forr	n of a cons	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b				·····	2b
С	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	ation during the tax
	year				
4	Number of states where property subject to conservation eas			-	
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing co	nservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conserv	ation ease	ements during the year
_				(L) (A) (D) (i)	
8	Does each conservation easement reported on line 2d above				□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?				
9					
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organization	S III Iai ICiai Statei	Herits that	describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or C	Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		1
b	If the organization elected, as permitted under FASB ASC 95				sheet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J / I=-	
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				

Schedule D (Form 990) (Rev. 12-2024)

Caba	dule D (Form 990) (Rev. 12-2024) SOCIETY	FOR SCIEN	се с тне г	DIIRI.TC		53	R_01	9648	3 п	age 2
	t III Organizations Maintaining Co	llections of Art.	Historical Tre	asures, or Oth	ner Sir	milar A	ssets	(conti	nued)	age –
3	Using the organization's acquisition, accession							(COITEII	raca)	
	collection items (check all that apply).	.,	,		9					
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	e	Other	9- 9						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's ex	xempt n	ourpose	in Part	XIII.		
5	During the year, did the organization solicit or	•	•	•		•				
_	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part		on the organization	anoworda 100 c	3111 31111	. 000, 1 0	,	10 0, 01		
1a	Is the organization an agent, trustee, custodian		arv for contribution	s or other assets r	not inclu	ıded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII ar									
-		ia compiete and ion	annig table.		Γ			Amoun	t	
С	Beginning balance					1c				
	Additions during the year				Г	1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on For							Yes		No
	If "Yes," explain the arrangement in Part XIII. C				•					j
Par										
	·	(a) Current year	(b) Prior year	(c) Two years back		hree year	rs back	(e) Fou	r years	back
1a	Beginning of year balance	4,473,611.	4,229,835.	4,796,015	5.	2,790	,872.	2	,177,	414.
	Contributions	26,545.	209,681.	67,255	5.		,		300,	000.
	Net investment earnings, gains, and losses	35,746.	302,716.	-415,870).	301	,536.		313,	458.
	Grants or scholarships	·	·	•			,			
	Other expenditures for facilities									
	and programs		268,621.	217,565	5.					
f	Administrative expenses		,	,						
	End of year balance	4,535,902.	4,473,611.	4,229,835	5.	3,092	.408.	2	,790,	872.
2	Provide the estimated percentage of the current		, ,				,		<u>, ,</u>	
	Board designated or quasi-endowment	•0000	%	, 1101d do.						
	Permanent endowment 99.1000	%	_, ~							
	Term endowment .9000 %									
•	The percentages on lines 2a, 2b, and 2c shoul									
За	Are there endowment funds not in the possess	•	ion that are held an	d administered for	r the					
	organization by:								Yes	No
								3a(i)		X
								3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the o							_ 56		
Par			mont fanas.							
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or otl) Accun			(d) Boo	k valu	—— е
	2000. Plant of property	basis (investm	, ,	1 '	depreci			, 4, 500	vaia	-
1a	Land	· · · · · · · · · · · · · · · · · · ·		9,452.				8,41	9,4	52.
	Buildings				,584	,014		$\frac{3,32}{4,32}$		

14,497,854. Schedule D (Form 990) (Rev. 12-2024)

0.

1,756,160.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

725,666.

567,396.

725,666.

3,323,556.

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Mothed of Valuation. Cost of Gif	a or your market value
• • • • • • • •			
2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
` '			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	(b) Dook value	(5) Method of Valuation. Gost of en	a or your marker value
(1)			
(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	- F 000 D+ IV I'	44 d. O. a. Farra 2000, Paul V. Paul 45	
Complete if the organization answered "Yes" or		Trd. See Form 990, Part X, line 15.	(h) Deelesselse
.,,	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		<u> </u>
Complete if the organization answered "Yes" or	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 BEI	NEFITS		1,649,000
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(0)			+
(8)			
(6) (9) Fotal. (Column (b) must equal Form 990, Part X, line 25, col.	(R))		1,649,000

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SOCIETY FOR SCI	ENCE & TI	HE PUBLIC	C		53-019648	33
			side the United States. Comple	ete if the organiz		
Form 990, Part IV	/, line 14b.					
 For grantmakers. Does 	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a		_
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assist	ance? <u> X</u>	Yes No
2 For grantmakers. Described States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	er assistance outs	side the
3 Activities per Region. (TI			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) ram service, specific type s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING			167.
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			153,283.
EUROPE	0	0	GRANTMAKING			89,441.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTMAKING			46,550.
NORTH AMERICA	0	0	GRANTMAKING			21,500.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING			3,200.
SOUTH AMERICA	0	0	GRANTMAKING			8,500.
SOUTH ASIA	0		GRANTMAKING			9,450.
3 a Subtotal	0	0				332,091.
b Total from continuation sheets to Part I	0	27				394,219.
c Totals (add lines 3a and 3b)	0	27				726,310.

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

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990)	SOCIETY	FOR SCIE	NCE & THE PUBLIC	53-015	96483 Page 1
			• (Schedule F (Form 990), Part I, line 3		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		11,900.
EAST ASIA AND THE					
PACIFIC	0	2	GRANTMAKING		10,000.
MIDDLE EAST AND					
NORTH AFRICA	0	3	GRANTMAKING		19,000.
RUSSIA AND THE NEWLY					
INDEPENDENT STATES	0	1	GRANTMAKING		8,000.
SOUTH ASIA	0	3	GRANTMAKING		15,000.
SUB-SAHARAN AFRICA	0	1	GRANTMAKING 		5,000.
EAST ASIA AND THE					
PACIFIC	0	1	PROGRAM SERVICE ACTIVITIES	EDITORIAL CONTENT	1,350.
EUROPE		_	DROGRAM GERVIGE AGRIVITUTES	EDIMODINI GOVERNE	26 525
EUROPE	0	5	PROGRAM SERVICE ACTIVITIES	EDITORIAL CONTENT	26,535.
NORTH AMERICA	0	1	PROGRAM SERVICE ACTIVITIES	EDITORIAL CONTENT	11,898.
SOUTH ASIA	0	2	PROGRAM SERVICE ACTIVITIES	EDITORIAL CONTENT	4,950.
Totals					

Part I Continuati	ion of Activitie	s per Region	1. (Schedule F (Form 990), Part I, line 3	3)	J 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
				VIRTUAL PLATFORMS FOR SCIENCE COMPETITIONS AND ALUMNI NETWORK & DONOR	
EUROPE	0	2	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	33,746.
				VIRTUAL PLATFORMS FOR SCIENCE COMPETITIONS AND ALUMNI NETWORK & DONOR	
NORTH AMERICA	0	4	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	244,640
				VIRTUAL PLATFORMS FOR SCIENCE COMPETITIONS AND ALUMNI NETWORK & DONOR	,
SOUTH ASIA	0	2	PROGRAM SERVICE ACTIVITIES	MGMT SYSTEM	2,200
Totals	▶	27			394,219.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
		EAST ASIA AND THE	OUTREACH AND FAIR					
		PACIFIC	EXPENSES	10,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
		MIDDLE EAST AND	OUTREACH AND FAIR					
		NORTH AFRICA	EXPENSES	19,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
		RUSSIA AND THE	FAIRS TO SUPPORT					
		NEWLY INDEPENDENT	OUTREACH AND FAIR					
		STATES	EXPENSES	8,000.	WIRE	0.		
			GRANTS TO AFFILIATED					
			FAIRS TO SUPPORT					
			OUTREACH AND FAIR					
		SOUTH ASIA	EXPENSES	15,000.	WIRE	0.		

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
^	Entertable work and other considering and the second of th

3 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

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.

		(d) Amount of	(a) Manner of	(f) Amount of	(a) Description of	(h) Method of
(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CENTRAL AMERICA						
AND THE CARIBBEAN	1	167.	EFT	0.		
EAST ASIA AND THE						
PACIFIC	94	153,283.	EFT	0.		
EUROPE	36	89,441.	EFT	0.		-
MIDDLE EAST AND						
NORTH AFRICA	32	46,550.	EFT	0.		
NORTH AMERICA	9	21,500.	RET	0.		
RUSSIA AND THE						
NEWLY INDEPENDENT		2 200	777			
STATES	8	3,200.	RET	0.		1
SOUTH AMERICA	2	8 500	단무ጥ			
BOOTH AMERICA		0,300.		0.		
SOUTH ASIA	9	9 450.	EFT	0.		
		, , , , ,				
GUD GAMADAN						
	6	11 900.	EFT	0.		
	(b) Region CENTRAL AMERICA AND THE CARIBBEAN EAST ASIA AND THE PACIFIC EUROPE MIDDLE EAST AND NORTH AFRICA NORTH AMERICA	CENTRAL AMERICA AND THE CARIBBEAN 1 EAST ASIA AND THE PACIFIC 94 EUROPE 36 MIDDLE EAST AND NORTH AFRICA 32 NORTH AMERICA 9 RUSSIA AND THE NEWLY INDEPENDENT STATES 8 SOUTH AMERICA 2 SOUTH ASIA 9	(b) Region (c) Number of recipients (d) Amount of cash grant CENTRAL AMERICA AND THE CARIBBEAN 1 167. EAST ASIA AND THE PACIFIC 94 153,283. EUROPE 36 89,441. MIDDLE EAST AND NORTH AFRICA 32 46,550. NORTH AMERICA 9 21,500. RUSSIA AND THE NEWLY INDEPENDENT STATES 8 3,200. SOUTH AMERICA 2 8,500. SOUTH ASIA 9 9,450.	(c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (ash grant) CENTRAL AMERICA AND THE CARIBBEAN 1 167. EFT EAST ASIA AND THE PACIFIC 94 153,283. EFT EUROPE 36 89,441. EFT MIDDLE EAST AND NORTH AFRICA 32 46,550. EFT NORTH AMERICA 9 21,500. EFT RUSSIA AND THE NEWLY INDEPENDENT STATES 8 3,200. EFT SOUTH AMERICA 9 9,450. EFT SOUTH ASIA 9 9,450. EFT	(b) Region (c) Number of recipients (d) Amount of cash disbursement (f) Amount of noncash assistance CENTRAL AMERICA AND THE PACIFIC 1 167. EFT 0. EAST ASIA AND THE PACIFIC 94 153,283. EFT 0. EUROPE 36 89,441. EFT 0. MIDDLE EAST AND NORTH AFRICA 32 46,550. EFT 0. NORTH AMERICA 9 21,500. EFT 0. RUSSIA AND THE NEWLY INDEPENDENT STATES 8 3,200. EFT 0. SOUTH AMERICA 2 8,500. EFT 0. SOUTH AMERICA 9 9,450. EFT 0.	(b) Region (c) Number of recipients (d) Amount of cash disbursement (f) Amount of noncash assistance CENTRAL AMERICA AND THE PACIFIC 1 167. EFT 0. EAST ASIA AND THE PACIFIC 94 153,283. EFT 0. MIDDLE EAST AND NORTH AFRICA 32 46,550. EFT 0. NORTH AFRICA 9 21,500. EFT 0. RUSSIA AND THE NEWLY INDEPENDENT STATES 8 3,200. EFT 0. SOUTH AMERICA 2 8,500. EFT 0. SOUTH ASIA 9 9,450. EFT 0.

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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) (Rev. 12-2024)

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)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization					Employer ide	entification number
	FOR SCIENCE & THE	PUI	BLI	<u> </u>	53-0196	483
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or 	e X Solicitar f X Solicitar g X Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	nongo gover aising ding of onal fo	overnment grants nment grants events ficers, directors, trust undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(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.	226,963.	-226,963.
			l			
					226,963.	· · · · · · · · · · · · · · · · · · ·
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration
AL, AK, AR, CA, CO, CT, DC,	FI, GA TI, KS KY IA N	ME.N	m. M	IA.MT.MN.MS	. MO . NH . NJ .	NM . NY . NC
ND,OH,OK,OR,PA,RI,SC,					7220 72127210 7	

SEE PART IV FOR CONTINUATIONS 432081 01-14-25

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

Schedule G (Form 990) (Rev. 12-2024)

Pa	art I	Fundraising Events. Complete if th of fundraising event contributions and gro	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	Coi. (C))
Revenue		O construction to				
Вè	י	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
m	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	. ,			
D	11 art I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a			v rangeted mare than	
1 6	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered tes on Forn	1990, Part IV, line 19, C	r reported more than	
		\$10,000 OH1 OH1 000 LZ, IIIO OU.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	% Yes % No	
		Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:			
_		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
40			valend avance de d	maning at a plant of the section of		
		ere any of the organization's gaming licenses re Yes," explain:			k year?	. Yes No
	_					
4320	82 01	-14-25			Schedule G (F	orm 990) (Rev. 12-2024)

17181112 745960 32009

Sch	edule G (Form 990) (Rev. 12-2024) SOCIETY FOR SCIENCE & THE PUBLIC 53-0	1190403	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13			
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
•	Enter the hame and deduced of the person time properties the organization organization of garming, openial events belong and records.		
	Name		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "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 the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee independent contractor		
47	Mandatan distributions		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		N
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$		
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
~~	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
/-	\ WANTE OF THE PARTICLE AND ADDRESS OF THE PARTICLE OF THE PAR		
<u>(I</u>			
<u>(I</u>) ADDRESS OF FUNDRAISER: 805 15TH ST NW #700, WASHINGTON, DC 2	10005	
	HEDULE G, PART I, LINE 3:		
$\underline{\text{TH}}$	<u>E ORGANIZATION PAID AVALON CONSULTING \$226,963 FOR PROFESSIONAL</u>	ı	
FU	NDRAISING SERVICES. THE ORGANIZATION ALSO PAID THE FIRM \$669,75	8 FOR	
PR	INTING AND MAILING COSTS.		

Schedule G	(Form 990) Supplemental In	SOCIETY	FOR	SCIENCE	&	THE	PUBLIC		53-0196483	Page 4
Part IV	Supplemental In	formation (cont	inued)							
		(oone	naca,							
-										
							<u></u>	<u></u>		
-										
-										
							<u></u>	<u></u>		
-										
-										
-										

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SOCIETY F	OR SCIENC	E & THE PUB	LIC				Employer identification number 53-0196483
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance? ocedures for mon Domestic Organ	toring the use of grant	funds in the United	States. omplete if the orga			X Yes No
recipient that received more than s 1 (a) Name and address of organization or government	\$5,000. Part II car	(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	(h) Purpose of grant or assistance
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS - PO BOX 2733 - DURHAM, NC 27715	56-1250756	501(C)(3)	20,000.	0.			SCIENCE COMPETITION AWARD
BRONX HIGH SCHOOL OF SCIENCE 75 W. 205TH ST. BRONX, NY 10468	13-6400434	501(C)(3)	18,000.	0.			SCIENCE COMPETITION AWARD
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY - 6560 BRADDOCK RD - ALEXANDRIA, VA 22312	54-0805373	501(C)(3)	14,000.	0.			SCIENCE COMPETITION AWARD
WILLIAM A. SHINE GREAT NECK SOUTH HIGH SCHOOL - 341 LAKEVILLE ROAD - GREAT NECK, NY 11020	11-6002011	501(C)(3)	14,000.	0.			SCIENCE COMPETITION AWARD
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVENUE HACKENSACK, NJ 07601	22-6002432	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
OSSINING HIGH SCHOOL 29 SOUTH HIGHLAND AVENUE OSSINING, NY 10562	13-6007160		10,000.	0.			science competition award 22.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	o .	•					·····

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tago 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
PAUL D. SCHREIBER HIGH SCHOOL							
101 CAMPUS DRIVE							
PORT WASHINGTON, NY 11050	11-6001994	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
THE HARKER SCHOOL							
4525 UNION AVE.							
SAN JOSE, CA 95124	94-1613808	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
SCIENCE FAIR DIRECTORS INSTITUTE							
3912 SOUTH PINE DRIVE							
MILLCREEK, UT 84124	93-2621398	501(C)(3)	10,000.	0.			SCIENCE COMPETITION AWARD
interest in the second	33 2021330	301(0)(3)	10,000.	••			
BYRAM HILLS HIGH SCHOOL							
10 TRIPP LANE							
ARMONK, NY 10504	13-6007152	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
SYOSSET HIGH SCHOOL							
70 SOUTHWOODS RD.							
SYOSSET, NY 11791	11-6002031	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
UPPDIANA UTAN AANOO							
HERRICKS HIGH SCHOOL 100 SHELTER ROCK ROAD							
NEW HYDE PARK, NY 11040	11-6003159	501(C)(3)	8,000.	0.			EQUITABLE ACCESS FUND
NEW HIDE PARK, NI 11040	11 0003133	501(0/(3/	0,000.	· ·			EQUITABLE ACCESS FUND
PLANO WEST SENIOR HIGH SCHOOL							
5601 WEST PARKER ROAD							
PLANO, TX 75093	75-6002252	501(C)(3)	8,000.	0.			SCIENCE COMPETITION AWARD
AMERICAN HERITAGE SCHOOL							
12200 WEST BROWARD BOULEVARD							
PLANTATION, FL 33325	50-1235428	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
BRIARCLIFF HIGH SCHOOL							
444 PLEASANTVILLE ROAD							
BRIARCLIFF MANOR, NY 10510	13-6007162	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
	1 13 030/102	(-/(-/	1 0,000.	<u> </u>	l .	1	POLICE COMMITTEE MARKE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
GREENWICH HIGH SCHOOL 1							
10 HILLSIDE ROAD							
GREENWICH, CT 06830	06-6002006	501(C)(3)	6,000.	0.			EQUITABLE ACCESS FUND
			,				
ROSLYN HIGH SCHOOL							
475 ROUND HILL ROAD							
ROSLYN HEIGHTS, NY 11577	11-6001988	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
WELLINGTON C. MEPHAM HIGH SCHOOL							
3650 REED RD.							
COLUMBUS, OH 43220	31-0977200	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARI
SARATOGA HIGH SCHOOL							
20300 HERRIMAN AVENUE							
SARATOGA, CA 95070	94-3118082	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS ACADEMY							
180 MAIN ST							
ANDOVER, MA 01810	04-2103579	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARD
PHILLIPS EXETER ACADEMY							
20 MAIN STREET							
EXETER, NH 03833	20-0222174	501(C)(3)	6,000.	0.			EQUITABLE ACCESS FUND
,			,				
PLAINVIEW-OLD BETHPAGE JOHN F.							
KENNEDY HIGH SCHOOL - 50 KENNEDY							
DR PLAINVIEW, NY 11803	11-6001737	501(C)(3)	6,000.	0.			SCIENCE COMPETITION AWARI

(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 assistanc
ARDS FOR PARTICIPANTS IN SCIENCE EDUCATION					
MPETITIONS	977	3,176,810.	0.		
OOL AWARDS	237	469,000.	0.		
EM ACTION AND RESEARCH GRANTS	66	392,587.	0.		
RDS FOR TEACHERS TO BE STUDENT ADVOCATES	100	379,590.	0.		
IR AWARD	36	33,500.	0.		
art IV Supplemental Information. Provide the information red	uired in Part I, lin			dditional information.	
RT I, LINE 2:					
GANIZATION RECIPIENTS ARE REQUIR	ED TO PRO	VIDE A WRI	TTEN REQUE	ST DETAILING	
W THE FUNDS WILL BE USED. INDIVI					
ON RECEIPT OF APPLICABLE PAPERWO	RK FROM T	HE INDIVID	DUAL AND VE	RIFYING THAT	
E INDIVIDUAL WON THE AWARD.					

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SOCIETY FOR SCIENCE & THE PUBLIC

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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	X	<u> </u>
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	<u> </u>
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			
	X Independent compensation consultant X 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		Х
С	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:			v
	The organization?	5a		X
b	Any related organization?	5b		lacktriangle
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAYA AJMERA	(i)	599,063.	100,000.	6,082.	42,646.	39,422.	787,213.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL ALPER	(i)	266,150.	10,000.	972.	27,721.	22,741.	327,584.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL VOSS	(i)	246,937.	5,000.	2,420.	26,001.	32,763.	313,121.	0.
PUBLISHER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID JENKINS	(i)	246,397.	0.	1,580.	25,000.	12,531.	285,508.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE GLIDDEN	(i)	232,430.	2,500.	2,716.	23,643.	12,531.	273,820.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES MOORE	(i)	220,245.	5,000.	1,520.	23,096.	22,741.	272,602.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY SHUTE	(i)	241,132.	0.	7,344.	24,113.	0.	272,589.	0.
EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GAYLE KANSAGOR	(i)	209,069.	5,000.	1,234.	22,133.	33,852.	271,288.	0.
CHIEF COMMS. & MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAWN ABEL	(i)	222,367.	0.	2,420.	22,500.	11,561.	258,848.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAITLIN GOLDBERG	(i)	193,630.	2,500.	1,997.	20,043.	12,531.	230,701.	0.
CHIEF OF EVENTS & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD MAXWELL	(i)	168,116.	2,500.	2,627.	18,000.	22,741.	213,984.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN EGTS	(i)	170,300.	5,000.	1,291.	17,390.	12,531.	206,512.	0.
CHIEF DESIGN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DEMIAN PERRY	(i)	179,634.	0.	1,160.	17,963.	0.	198,757.	0.
DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JANET RALOFF	(i)	155,293.	0.	6,799.	16,297.	11,041.	189,430.	0.
EDITOR, DIGITAL, SN EXPLORES	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERIC OLSON	(i)	166,174.	0.	1,071.	16,617.	520.	184,382.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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)

(Rev. December 2024) 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 PROGRAM SERVICE ACCOMPLISHMENTS: III LINE 4A,

FORM 990 PART IN 2015, THE SOCIETY EXPANDED ITS PROGRAMMING TO INCLUDE OUTREACH AND TO ENSURE THATYOUNG PERSON IN THE UNITED STATES EQUITY WORK EVERY OPPORTUNITY TO BECOME A SCIENTIST OR WITH AN INTEREST IN STEM, HAS THE 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 TROUBLESHOOT CHALLENGES AND DEVELOP A FOR PRACTICES, SUPPORT NETWORK 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 FUNDS FOR INNOVATIVE COMMUNITY-BASED STEM ORGANIZATIONS. THESE PROGRAMS REACH MILLIONS OF STUDENTS, EDUCATORS AND COMMUNITY MEMBERS ACROSS THE THE DISTRICT TERRITORIES.FOR UNITED STATES, OF COLUMBIA AND U.S. DECADES, THE SOCIETY FOR SCIENCE HAS OFFERED MANY OF THE MOST REVERED THE WORLD: THE REGENERON SCIENCE TALENT K-12 SCIENCE COMPETITIONS INTHE REGENERON INTERNATIONAL SCIENCE AND ENGINEERING FAIR, FOR MIDDLE SCHOOL STUDENTS, BROADCOM MASTERS (MATH, APPLIED SCIENCE, TECHNOLOGY AND ENGINEERING FOR RISING STARS) THROUGH THESE PROGRAMS WHICH ENCOURAGE AND REWARD INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNING, THE SOCIETY IS GROWING THE PIPELINE OF STEM BY EMPOWERING OUR FUTURE GENERATION OF TALENT TO **BECOME** PROFESSIONALS SCIENTISTS, ENGINEERS AND INVENTORS.

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 THE SCIENCE NEWS EXPLORES PRINT MAGAZINE HAS NEARLY SOCIAL CHANNELS. 16,000 INDIVIDUAL SUBSCRIBERS, WHILE THE WEBSITE DREW MORE THAN $5\,$ MILLION UNIQUE VISITORS IN2023 AND OVER 1 MILLION FACEBOOK FOLLOWERS.

4D OTHER PROGRAM SERVICES: FORM 990 PART III LINE SPECIAL INITIATIVES THESE ARE SPECIAL PROJECTS GEARED TOWARD THE BETTERMENT OF THE SOCIETY OVERALL AND SUPPORTED BY BOARD APPROVED FUNDING.

233,186. INCLUDING GRANTS OF \$ EXPENSES 0. REVENUE

SECTION 990 PART VI Α LINE 1A:

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

FORM 990 PART VI SECTION B LINE 11B:

TO THE SOCIETY'S AUDIT COMMITTEE THE FORM 990 IS PROVIDED FOR REVIEW COMMENTS. PRIOR TO FILING THE FORM 990 WAS ALSO PROVIDED TO THE REST OF

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

Schedule O (Form 990) (Rev. 12-2024)

432211 01-15-25

Schedule O (Form 990) 2024 **Employer identification number** Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 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 FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE SOCIETY'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: 2,199,434. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 230,440. FUNDRAISING EXPENSES 34,734. TOTAL EXPENSES 2,464,608. HR CONSULTING: 122,038. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 12,502. FUNDRAISING EXPENSES 1,884. 136,424. TOTAL EXPENSES SECURITY: PROGRAM SERVICE EXPENSES 388,945. 39,845. MANAGEMENT AND GENERAL EXPENSES 6,006. FUNDRAISING EXPENSES TOTAL EXPENSES 434,796. TEMPORARY HELP: 152,210. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 15,593. 2,350. FUNDRAISING EXPENSES TOTAL EXPENSES ACTUARIAL CONSULTING: PROGRAM SERVICE EXPENSES 4,473. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 69. TOTAL EXPENSES 5,000.

Schedule O (Form 990) 2024

Schedule O (Form 990) 2024	Page 2
Name of the organization SOCIETY FOR SCIENCE & THE PUBLIC	Employer identification number 53-0196483
MAGAZINE CONSULTING:	
PROGRAM SERVICE EXPENSES	102,837.
MANAGEMENT AND GENERAL EXPENSES	10,535.
FUNDRAISING EXPENSES	1,588.
TOTAL EXPENSES	114,960.
	,
DESIGN SERVICES: PROGRAM SERVICE EXPENSES	376,500.
MANAGEMENT AND GENERAL EXPENSES	38,570.
FUNDRAISING EXPENSES	5,813.
TOTAL EXPENSES	420,883.
	420,003
FREELANCE WRITERS:	450 450
PROGRAM SERVICE EXPENSES	450,479.
MANAGEMENT AND GENERAL EXPENSES	46,149.
FUNDRAISING EXPENSES	6,956.
TOTAL EXPENSES	503,584.
PROGRAM SERVICE CONSULTING:	
PROGRAM SERVICE EXPENSES	643,020.
MANAGEMENT AND GENERAL EXPENSES	65,873.
FUNDRAISING EXPENSES	9,929.
TOTAL EXPENSES	718,822.
FREELANCE PHOTOGRAPHERS:	
PROGRAM SERVICE EXPENSES	133,877.
MANAGEMENT AND GENERAL EXPENSES	13,715.
FUNDRAISING EXPENSES	2,067.
TOTAL EXPENSES	149,659.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,118,889.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACCRUED POSTRETIREMENT BENEFIT ADJUSTMENT	287,000.
	_

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

SOCIETY FOR SCIENCE & THE PUBLIC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

53-0196483

(a)	(b)	(c)		(€	:)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total ince					
SOCIETY 1776 MASS AVE LLC - 53-0196483								
1719 N STREET NW	TO OWN AND OPERATE REAL					SOCIETY FOR SCIENCE &		
WASHINGTON, DC 20036	ESTATE	DISTRICT OF COLUMBIA	1,118	3,275. 9	57,617.	THE PUBLIC		
Doct II Identification of Related Tax-Exempt Orga	nizations. Complete if the organization	answered "Ves" on Form 990	Part IV line 34	because it had on	e or more	related tax-eve	mnt	
organizations during the tax year.	inizations. Complete if the organization	answered res on rollingso	, i ait iv, iiio o4,	because it riad ori	c or more	Tolated tax exc	трс	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	(g) Section 512(b)(13) controlled entity?	
		isreigh seamily)		501(c)(3))			empt (g) Section 512 control	No
		+			+			\vdash

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	Percentag ping ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
]										
]										
	1										
	1										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign		(d) Direct controlling entity entity (C corp, S corp, or trust)		(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	tion b)(13) olled ty?
		country)		or trust)		assets		Yes	

Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

S	Other transfer of cash or property from related organization(s)				
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco	ho must complete th	is line, including covered re	elationships and transaction thresholds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)					_
(2)					
(3)					
(4)					
(5)					
(6)					

10

1p

1q

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop tionat allocation	Code V-UBI amount in box 2 of Schedule K-	General managir partner Yes N	(k) Percentage ownership

Schedule R	(Form 990) (Rev. 1-2025) SOCIETY FOR SCIENCE & THE PUBLIC	53-0196463	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	rrovide additional information for responses to questions on Schedule R. See Instructions.		

Form S	990-T	E	Exempt Organization Business Ir		Tax Return)	OMB No. 1545-0047
			(and proxy tax under section	6033(e))			0004
		For cal		, and ending			2024
Departme Internal F	ent of the Treasury Revenue Service	D	Go to www.irs.gov/Form990T for instructions and o not enter SSN numbers on this form as it may be made public				Open to Public Inspection for 501(c)(3) Organizations Only
A <u> </u>	Check box if address changed.		Name of organization (Check box if name changed and see	instructions.)	D Emp	oloyer identification number
	npt under section	Print	SOCIETY FOR SCIENCE & THE PUB	LIC			3-0196483
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructio 1719 N ST NW	ns.		E Grou	up exemption number instructions)
	108A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal WASHINGTON , DC 20036	code		_	Check box if
	029(a)029A	C Bo	•	52,035	5.116.	╏	an amended return.
G Ch	eck organization		X 501(c) corporation		Other trust	State	college/university
	3	,,	6417(d)(1)(A) Applicable entity				
H Ch	eck if filing only to	claim	Credit from Form 8941 Refund shown on F	orm 2439	Elective paymer	nt amo	unt from Form 3800
l Ch	eck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding	corporation	າ		
			ed Schedules A (Form 990-T)				2
	•		e corporation a subsidiary in an affiliated group or a parent-	subsidiary c	ontrolled group?		Yes X No
			d identifying number of the parent corporation			000	705 2255
L Th	e books are in car		EDWARD MAXWELL d Business Taxable Income	l elep	phone number 2	40 <i>2</i> -	785-2255
1			ess taxable income computed from all unrelated trades or b	usinossos (s	coo instructions)	1	51,944.
2						2	31,344.
3	Add lines 1 and 2					3	51,944.
4			(see instructions for limitation rules) STMT 1		2	4	0.
5			s taxable income before net operating losses. Subtract line			5	51,944.
6			ting loss. See instructions			6	51,944.
7		•	ess taxable income before specific deduction and section 1				,
	Subtract line 6 fro		·			7	
8	Specific deduction	n (gene	erally \$1,000, but see instructions for exceptions)			8	1,000.
9	Trusts. Section 1	99A de	eduction. See instructions			9	
10	Total deductions	s. Add	lines 8 and 9			10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is great	ter than line	7, enter zero	11	0.
	II Tax Com						
1	-		as corporations. Multiply Part I, line 11 by 21% (0.21)			1	0.
2			rates. See instructions for tax computation. Income tax on				
_			Tax rate schedule or Schedule D (Form 1041)			2	
3	Proxy tax. See in					3	
			5, Part I , line 3, column (q)			4a	
	Alternative minim		instructions			4b 5	
5 6			acility income. See instructions			6	
7			gh 6 to line 1 or 2, whichever applies			7	0.
Part	III Tax and						
1a	Foreign tax credit	t (corpo	orations attach Form 1118; trusts attach Form 1116)	1a			
	Other credits (see						
С	General business	credit.	Attach Form 3800 (see instructions)	1c			
d	Credit for prior-ye	ar mini	mum tax (attach Form 8801 or 8827)	1d			
е	Total credits. Ac	ld lines	1a through 1d			1e	
2			rt II, line 7	1 1		2	0.
3а			5, Part I, line 3, column (r) (see instructions)				
b	Amount due from						
С	Amount due from						
d	Amount due from						
e	Other amounts d	•	,				^
	Total amounts du	ie. Add	lines 3a through 3e		d	3f	0.
4			nd 3f (see instructions).				0.
L A F			x amount here on Act Notice, see instructions. 423701 01-30-25			4	Form 990-T (2024)
r	or raperwork K	cuucii	on Act 140006, acc manachona. 423/01 01-30-25				(2024)

orm 9							F	Page 2
Part -		Tax and Payments (continued)	A Dart III a alcuna (I.)					0.
5		ent net 965 tax liability paid from Form 965		1 1		5		<u> </u>
6a		nents: Preceding year's overpayment credi ent year's estimated tax payments. Check		<u>ba</u>		-		
b		• • • • • • • • • • • • • • • • • • • •	,U,	_ _{6b}				
С		es deposited with Form 8868				-		
d		gn organizations: Tax paid or withheld at s	ource (see instructions)					
e		up withholding (see instructions)						
f		it for small employer health insurance pren						
-		ive payment election amount from Form 3				-		
g h		nent from Form 2439				-		
i		it from Form 4136				-		
i		r (see instructions)				-		
, 7		I payments. Add lines 6a through 6j				7		
8		nated tax penalty (see instructions). Check	'.			8		
9		due. If line 7 is smaller than the total of line	4.5 10 1			9		
10		payment. If line 7 is larger than the total of				10		
11		the amount of line 10 you want: Credited		paid	Refunded	11		
Part	IV	Statements Regarding Certain A	Activities and Other Informa	tion (see i				
1		y time during the 2024 calendar year, did					Yes	No
-		a financial account (bank, securities, or oth	•	J	•			110
		EN Form 114, Report of Foreign Bank and		-				
	here	, 1	•		3			х
2		g the tax year, did the organization receive	e a distribution from, or was it the gra	antor of, or tr	ransferor to, a		-	
		gn trust?						Х
		es," see instructions for other forms the org						
3		the amount of tax-exempt interest receive	•		\$			
4		available pre-2018 NOL carryovers here						
		rn on Schedule A (Form 990-T). Don't redu	-	•	-	•		
5		2017 NOL carryovers. Enter the Business						
		mounts shown below by any NOL claimed	•					
		Business Activity Cod	•		ble post-2017 NOL			
		5418		\$		66,755.		
		4599	900	\$		10,972.		
				\$		-		
				\$				
6 a	Rese	rved for future use		•				
b	Rese	rved for future use						
Part	V	Supplemental Information						
Provide	any a	additional information. See instructions.						
	1							
Sign		Inder penalties of perjury, I declare that I have examined to forrect, and complete. Declaration of preparer (other than t				dge and belief, it is t	ue,	
Here						ay the IRS discuss the	nis return v	vith
ICI C	-	signature of officer		DENT AN		e preparer shown be		٦.,
		i i				structions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	Date		f PTIN		
Paid			self-employed	D0030	7000			
Prepa		ELIZABETH W. HELLER	F: 1 FIN	P0039				
Jse C	nly		NBERG & FREEDMAN ERY AVE SUITE 800N		Firm's EIN	5Z-13	<u> </u>	<u> </u>
		Firm's address BETHESDA, MD			Phone no 3	801-951-	9090	
		Thin Suddiess DilliedDA, MD	20014 2000		T HOHE HO.		990-T	(2024)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it						I(c)(3).			Inspection for nizations Only
A 1	Name of the organizati	I on FOR SCIENCE & THE PUBLIC						loyer iden - 0 1 9 6	tifica	tion numbe	•
<u>c</u> .		activity code (see instructions) 54180					D Sequ		1	of	2
= [Describe the unrelat	ed trade or business ADVERTISING									
		Trade or Business Income		(A) Ind	come		(B) Exp	enses	T	(C)	Net
	Gross receipts or	sales									
b	•	owances c Balance	1c								
2		d (Part III, line 8)	2								
3		ract line 2 from line 1c	3								
4 a		come (attach Schedule D (Form 1041 or Form									
	1120)). See instru		4a								
b	**	rm 4797) (attach Form 4797). See instructions	4b								
С	Capital loss deduc	, ,	4c								
5		a partnership or an S corporation (attach									
	, ,		5								
6		IV)	6						\top		
7		anced income (Part V)	7						\top		
8		, royalties, and rents from a controlled							\top		
		VI)	8								
9		e of section 501(c)(7), (9), or (17)							\top		
Ŭ		t VII)	9								
10		activity income (Part VIII)	10						+		
11		e (Part IX)	11	35	8 1	30.	51	2,400	\pm	-15	4,270.
12		e instructions; attach statement)	12		<u> </u>	30.	<u> </u>				1/2/00
13		nes 3 through 12	13	35	8 1	30.	51	2,400		-15	4,270.
						•			•		
Pa		ns Not Taken Elsewhere. See instruction innected with the unrelated business in		or limitatio	ons d	n dedi	ictions.	Deducti	ons	must b	e
1	Compensation of	officers, directors, and trustees (Part X)						1	\perp		
2	Salaries and wage	es						2	<u>:</u>		
3	Repairs and maint	tenance						3	<u>;</u>		
4	Bad debts							4			
5	Interest (attach sta	atement). See instructions						5	<u>. </u>		
6	Taxes and license					·····		6	<u>:</u>		
7	Depreciation (atta	ch Form 4562). See instructions			7						
8	Less depreciation	claimed in Part III and elsewhere on return			8a			81	<u> </u>		
9	Depletion							9	<u>, </u>		
10	Contributions to o	leferred compensation plans						10	<u>)</u>		
11		programs							1		
12		penses (Part VIII)							2		
13		costs (Part IX)							3		
14		(attach statement)							4		
15	Total deductions	. Add lines 1 through 14						1	5		0.
16		s income before net operating loss deduction. S									

Deduction for net operating loss. See instructions

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2024

16

	1
Page	2

Part	III Cost of Goods Sold Fnter me	thod of inventory valuation	ın		Page Z
1		and of inventory valuation		1	_
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased With Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check it	a dual-use. See instruc	tions.	
	Α				_
	В				_
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
					0
5 Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter here and on Part I, I	ine 6, column (B)		0.
			and if a dividious Can in		
1	Description of debt-financed property (street address,	city, state, ZIP codej. Cri	eck ii a dual-use. See ii	istructions.	
	A				
	B				
	D				
		Α Ι	В	С	
2	Gross income from or allocable to debt-financed	A	В	•	<u>U</u>
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				_
b	Total deductions (add lines 3a and 3b,				
С	•				
4	columns A through D) Amount of average acquisition debt on or allocable				
4	.				
5	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement)		%	%	
6	Divide line 4 by line 5		<u>%</u>	<u>%</u>	
7 8	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D		L line 7 column (A)		0.
0	Total gross income (add line 7, columns A through D	, Linter Here and On Part	i, iiiie i , columnii (A)		
9	Allocable deductions. Multiply line 3c by line 6		T		
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	on Part L line 7, column		0.
11	Total dividends-received deductions included in line				0.

Sched	ule A (Form 990-T) 2024 VI Interest, Annu	iities R	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (co	e instruct	ione)		Page 3
ıaıt	intorost, Aint			1.10	5511110		Exempt Contro					
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified ments made	5. Pa that is contro	rt of colur included olling orga gross inc	nn 4 in the iniza-	C	eductions directly onnected with ome in column 5
(1)									J			
(2)												
(3)												
(4)												
			No	1	Controlled O		ions					
7			Net unrelated ncome (loss) e instructions)		otal of specit yments mad		that is inc controlling gross	luded i	n the ation's		conr	uctions directly nected with in column 10
(1)												
(2)												
(3)												
(4)												
	le.					Add colum Enter here line 8, c	and on	Part I,	Ente	er her	umns 6 and 11. re and on Part I, , column (B).	
Totals		<u></u>	····						0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instr	ructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I, ımn (A). 0 •					h	Add amounts in column 5. Enter nere and on Part I, ine 9, column (B).
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	(see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A) .		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	I trade or business. S	Subtract lir	ne 3 from lin	e 2. If a	gain, complete	:				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen			, but do no	ot enter mor	e than th	ne amount on I	ine				
	4 FULER DERE AND ON E	an ii iina	17							, ,		

Schedule A (Form 990-T) 2024

Pac	ıe	4

	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ig two or m	ore periodicals on a co	onsolidated basis		
	A SCIENCE NEWS					
	В 💹					
	c					
	D					
Enter a	amounts for each periodical listed above in the o	correspond	ing column.		<u> </u>	
		-	A 250 120	В	С	D
2	Gross advertising income		358,130.			358,130.
а	Add columns A through D. Enter here and on	Part I, line	11, column (A)			330,130.
3	Direct advertising costs by periodical	Г	512,400.			
a	Add columns A through D. Enter here and on					512,400.
u	Add coldmins A through B. Effet field and off	r art i, iiric	11, column (b)			322/1001
4	Advertising gain (loss). Subtract line 3 from lin	пе Г				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	•				
	lines 5 through 7, and enter -0- on line 8		-154,270.			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
_	line 4, enter the lesser of line 4 or line 7		line On anhuman tatal	l O h		
а	Add line 8, columns A through D. Enter the gr					0.
Part	X Compensation of Officers, Direction	ectors. a	ind Trustees (se	e instructions)		
	,		100	o mondonomo _j	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3)					%	
(4)					%	
						•
	Enter here and on Part II, line 1					0.
Total Part		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.
		e instructio	ns)			0.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

nen to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

A Name of the organization
SOCIETY FOR SCIENCE & THE PUBLIC

C Unrelated business activity code (see instructions)

Do not enter SSN numbers on this form as it may be made public if your organization is a 50 ftc)(3).

B Employer identification number
53-0196483

C Unrelated business activity code (see instructions)

459900

D Sequence: 2 of 2

E Describe the unrelated trade or business MERCHANDISE SALES Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 19,192. 72,386. 53,194. Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 72,386. 19,192. **Total.** Combine lines 3 through 12

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	250.
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 6	14	1,000.
15	Total deductions. Add lines 1 through 14	15	1,250.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	51,944.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	51,944.
Earl	Panarwork Paduation Act Nation, see instructions	Schodulo	\ /Earm 000 T\ 2024

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Pac	ıe	4

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	n		Page Z
1		ariod of involvery variation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				_
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	· · · · · · · · · · · · · · · · · · ·				
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	tions.	
	<u>A</u>				
	B				
	<u> </u>				
	D	Ι	В	С	
2	Rent received or accrued	A	В	C	<u> </u>
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_					0
5 Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income	enter here and on Part I, I	ine 6, column (B)		0.
1	Description of debt-financed property (street address,	,	ock if a dual use. See in	netructions	
•	A Street address,	city, state, ZIF codej. On	eck ii a dual-use. See ii	istructions.	
	В				
	c \square				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)			2.1	
6	Divide line 4 by line 5	%	<u>%</u>	%	%
7	Gross income reportable. Multiply line 2 by line 6) Enter have and an Dark	L line 7 celium (A)		0.
8	Total gross income (add line 7, columns A through D). ⊏nter nere and on Part	i, line /, column (A)		<u> </u>
9	Allocable deductions. Multiply line 3c by line 6		T		
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	on Part I line 7 column		0.
11	Total dividends-received deductions included in line				0.
_					

Part	VI Interest, Annu	ities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)	3-
						E	xempt Contro	lled Org	ganization	ıs	
	1. Name of controlled	b	2. Employer		unrelated	l	al of specified		rt of colur included		6. Deductions directly
	organization		identification	I	ne (loss)	payn	nents made		olling orga		connected with
			number	(see ins	structions)			tion's	gross inc	come	income in column 5
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>			N) t O-						
	'. Taxable Income		Net unrelated		Controlled Or otal of specif		ons 10. Part	of colum	mn 0	44	Doductions directly
′	. Taxable income		net unrelated icome (loss)		yments mad		that is inc				Deductions directly connected with
			e instructions)	Pa	yments mad	C	controlling				ome in column 10
/4\							gross	incom	е		
(1) (2)											
(3)											
(4)											
1-7				1			Add colum	nns 5 aı	nd 10.	Add	columns 6 and 11.
							Enter here		,		r here and on Part I,
							line 8, c	olumn	(A).	l lir	ne 8, column (B).
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
	1. Desc	ription of	income		2. Amou		3. Deduction		4. Set-		5. Total deduction
					incon	ne	directly conne (attach state)		(attach st	tatemen	t) and set-asides (add cols 3 and 4)
							(attaon state)	TIOTIC)			,
(1)											
(2)											
(3)											
(4)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or						here and on Part I,
Totals					line 9, colu	mn (A).					line 9, column (B).
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		a Income	see ins	structions)		
1	Description of exploite				an /tave		J 111001110	(300 IIIS	, i, uo iioi 18)		
2	Gross unrelated busine				r here and o	n Part I	line 10, colum	n (A)		2	72,386.
3	Expenses directly con										,
-								•		3	19,192.
4	Net income (loss) from										•
	lines 5 through 7									4	53,194.
5	Gross income from ac									5	0.
6	Expenses attributable									6	0.
7	Excess exempt expens										
	4. Enter here and on P	art II. line	12							7	0.

Schedule A (Form 990-T) 2024

Pac	ıe	4

Part	IX Advertising Income				<u>u</u>
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis		
	A 🔲				
	В 🔲				
	c 🗌				
	D				
Enter	amounts for each periodical listed above in the co	orresponding column.			
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (A)			0.
3	Direct advertising costs by periodical	<u> </u>			
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line	,			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7	<u> </u>			
а	Add line 8, columns A through D. Enter the gre				0
Dord	X Compensation of Officers, Dire	atore and Trustage			0.
Part	Compensation of Officers, Dire	sciors, and musices (se	ee instructions)		
	A Name	0 T:		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
/4\				to business	unrelated business
<u>(1)</u>	+			% %	
<u>(2)</u>	+			%	
(3)	+			%	
<u>(4)</u>	L			70	
Total	Enter here and on Part II, line 1				0.
Part		instructions)			
	11	Thou double)			

FORM 990-T CONTRIBUTIONS		STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS C3 ENTITIES	N/A	272,056.
TOTAL TO FORM 990-T, PART I,	LINE 4	272,056.

FORM 990-T CONTI	RIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT QUALIFIED CONTRIBUTIONS SUBJECT	_		
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022 FOR TAX YEAR 2023	218,000 263,105		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBU	JTIONS	481,105 272,056	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS AI	OJUSTED	753,161 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		753,161 0 753,161	_
ALLOWABLE CONTRIBUTIONS DEDUCTI	ION		0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL CARRY FOR PRE-2018 NOL DEDUCTION	WARD FROM PRIOR YEAR INCLUDED IN PART I, LINE 6	1,382,961. 51,944.
SCHEDULE A PORTION OF I	PRE-2018 NOL SCHEDULE A SHARE	
1 2	0. 0.	
TOTAL SCHEDULE A SHARE NET OPERATING DEDUCTION BALANCE AFTER PRE-2018	1	0. 51,944.
EXPIRING NET OPERATING CARRY FORWARD OF NET OF	LOSSES	0. 0. 1.331.017.

PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
381,054.	79,038.	302,016.	302,016.
273,425.	0.	273,425.	273,425.
187,718.	0.	187,718.	187,718.
211,972.	0.	211,972.	211,972.
40,420.	0.	40,420.	40,420.
103,750.	0.	103,750.	103,750.
125,217.	0.	125,217.	125,217.
138,443.	0.	138,443.	138,443.
ER AVAILABLE THIS	YEAR	1,382,961.	1,382,961.
•	381,054. 273,425. 187,718. 211,972. 40,420. 103,750. 125,217. 138,443.	LOSS PREVIOUSLY APPLIED 381,054. 79,038. 273,425. 0. 187,718. 0. 211,972. 0. 40,420. 0. 103,750. 0. 125,217. 0.	DREVIOUSLY LOSS REMAINING

990-T SCH	A POST-20:	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/19 12/31/20 12/31/21 12/31/22 12/31/23	153,665. 106,327. 166,541. 69,259. 170,628. 200,335.	0. 0. 0. 0. 0.	153,665. 106,327. 166,541. 69,259. 170,628. 200,335.	153,665. 106,327. 166,541. 69,259. 170,628. 200,335.
NOL CARRYO	VER AVAILABLE THIS	YEAR	866,755.	866,755.

FORM 990-T	(A)	OTHER DEDUCTIONS		STATEMENT 6
DESCRIPTION				AMOUNT
TAX PREPARA	1,000			
TOTAL TO SC	HEDULE A, PART II	, LINE 14		1,000
990-T SCH A	POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	10,972.	0.	10,972.	10,972.
NOL CARRYOV	10,972.			
FORM 990-T		EXPENSES DIRECTLY OF UNRELATED BUS		STATEMENT 8

PRODUCTION OF UNRELATE			
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MARKETING & PROMOTIONS PRINTING AND PRODUCTION POSTAGE PROFESSIONAL FEES EQUIPMENT & SUPPLIES - SUBTOTAL -		7,093. 300. 3,252. 2,258. 6,289.	19,192.
TOTAL OF FORM 990-T, SCHEDULE A, PART VI	_	3	19,192.

Government of the District of Columbia 2024 D-20E SUB

District of Columbia Corporation Franchise Tax Declaration for Electronic Filing

12 31 2024 Tax period ending

Name of Corporation

Taxpayer Identification Number

SOCIETY FOR SCIENCE & THE

530196483

Business Mailing Address 1719 N ST NW

City State WASHINGTON DC

ZIP code + 4 20036

PART I - TAX RETURN INFORMATION (Whole dollars only)

> PLEASE ENTER WHOLE DOLLAR AMOUNTS Mark if minus

00

1. Total DC Taxable Income (D-20, Line 36) Total DC Gross Receipts (D-20, Line 39)

00

Net tax (D-20, Line 40)

250 **00**

Total amount Due or Overpayment (D-20, Line 4 5 or 46)

00

PART II - PAYMENT METHOD

Direct Debit

Savings

Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

9. Routing Number*

*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32

10. Account Number

11 Type of Account

PART III - DECLARATION OF CORPORATION OFFICER

Checking

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2024 Corporation Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation return and that the entries on the D-20E are complete and correct to the best of my knowledge. The officer representing the corporation will have signed this form before I submit the return. I will give the corporation or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Mark if also paid preparer

P00397829

ERO's Signature

Date

ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed)

GELMAN, ROSENBERG & FREEDMAN

4550 MONTGOMERY AVE SUITE 800N 2081

52-1392008

Address and ZIP Code

301-951-9090

Phone Number

Under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, complete. Declaration of preparer is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer's name (type/print)

ELIZABETH W HELLER

Preparer's signature

P00397829

Firm's name

PTIN

GELMAN ROSENBERG & FREEDMAN

Firm's address

4550 MONTGOMERY AVE SUITE 800N, BET

Firm's EIN

521392008

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.