

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED DEC 1 3 2010

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Depa Interg	rtment of gal Reven	the Treasury ue Service		► The organization may have to use a copy of this return to sat	usfy state repor	ting requiremen	nts O	pen to Public Inspection
	For the	2009 calend	ar year,	or tax year beginning , 2009	9, and endir	ng		,
		pplicable		С		C	Employer Ide	entification Number
	Addr	ess change	Please use IRS label	NATIONAL ASSOCIATION OF SCIENCE			11-178	32759
	Nam	e change	or print or type.	WRITERS, INC.		E	Telephone n	umber
	Initia	ıl return	See specific	P.O. BOX 7905 BERKELEY, CA 94707			510-64	17-9500
	Term	nnation	instruc- tions.	DERRELEI, CA 94/0/				
	Ame	nded return				[ 0	Gross receip	ts \$ 447,581.
	Appl	ication pending	F Name a	and address of principal officer TINSLEY DAVIS		1 '	roup return for	— ··· <u></u> ····
				AS C ABOVE			filiates included tach a list (see	
<u> </u>	Tax-e	xempt status			527	1	,	,
J	Webs		NASW				emption number	
<u>K</u>		f organization	X Corpora	ation Trust Association Other ► L	Year of Forma	tion 1954	M State	of legal domicile CA
Pa		Summa						
		_		ganization's mission or most significant activities _				
ė	_			RMATION REGARDING SCIENCE AND TEC				
nan				CORMING THE PUBLIC: TO FOSTER THE				
Ver	2 C	TEANLING I	10 -20L	IETY, IN KEEPING WITH THE HIGHES if the organization discontinued its operations or dis	nosed of m	ore than 25°	N of its assi	TOM: WINT
& Governance				bers of the governing body (Part VI, line 1a)	posca or m	ore than 20	3	
S,				nt voting members of the governing body (Part VI, lir	ne 1b)		4	15
/Itie				yees (Part V, line 2a)			5	
Activities				teers (estimate if necessary)			6	
1	/a	otal gross un	related t	pusiness revenue from Part VIII—column (C) June 12 s taxable income from Form 990 Fine 54 VED				Ya     44,985.       Yb     32,319.
_	יוע	iet unrelateu	business	taxable income nom tem 3304	<del>ايار</del> –	D		
•	<b>8</b> C	antributions :	and aran	nts (Part VIII, line 1h)   NOV 1 9 2018	SC	File	or Year 1,500	Current Year 1,500.
ne				nts (Part VIII, line 1h) Thus (Part VIII, line 2g) NOV 1 9 2010	RS-O		441,270	
Revenue				art VIII, column (A), lines 3, 4 <del>, and 7d)</del>	ايدا		15,065	
æ				III, column (A), lines 5, 6d, 8c, 9c Gloc, and 11e T			64,945	
				nes 8 through 11 (must equal Part VIII, column (A),	line 12)		522,780	. 447,581.
	<b>13</b> G	Grants and sir	nılar am	ounts paid (Part IX, column (A), lines 1-3)			41,096	56,808.
	14 B	Benefits paid t	to or for	members (Part IX, column (A), line 4)				
ø	<b>15</b> S	alaries, other	r compei	nsation, employee benefits (Part IX, column (A), line	es 5-10)		127,93 <u>5</u>	88,755.
nse	16a F	rofessional fi	undraisir	ng fees (Part IX, column (A), line 11e)				
Expenses	ЬТ	otal fundraisi	ng expe	nses (Part IX, column (D), line 25) ▶				
ш	17 C	ther expense	es (Part	IX, column (A), lines 11a-11d, 11f-24f)			268,594	322,311.
	18 T	otal expense	s Add lı	nes 13-17 (must equal Part IX, column (A), line 25)			437,625	467,874.
	19 F	Revenue less	expense	s Subtract line 18 from line 12			85,155	-20,293.
8 8						Beginn	ing of Year	End of Year
Net Assets or Fund Balancos	20 T	otal assets (F	Part X, li	ne 16)			459,030	
\$ P	21 T	otal liabilities	(Part X	, line 26)			57,111	. 57,649.
		let assets or	fund bal	ances Subtract line 21 from line 20			401,919	374,724.
Pa	ırt II	Signatu	re Blo	ck				
		Under penalties	of perjury.	I declare that I have examined this return, including accompanying so	chedules and sta	atements, and to	the best of my	knowledge and belief, it is
		ude, correct, an	iu complete	Declaration of preparer (other trial officer) is based on an information	on or willen prep	i	ſ.	
Sig		h	uz	<u></u>				,2010
He	re	Signature	officer			Date		
			EY DA			EXECU'	rive di	REC
		Type or prii	ill hame an	u title	Date	Tai	<del></del>	Preparer's identifying number
Pa	id			•	Date	self-		(see instructions)
Pro		Preparer's signature	> V	Z. C. L	ululio		oloyed -	D01050440
pa	rer's	<u> </u>	CUA	VEZ, KIRSTIEN AND COMPANY	1 11/11/10			P01059448
Us	e	Firm's name (or yours if self-		UNIVERSITY AVE STE 288		EIN	▶ 26-	4819675
On	ıly	employed), address, and	· —	CRAMENTO, CA 95825				916) 273-4808
Mar	the IP	ZIP + 4		with the preparer shown above? (see instructions)			me no - (3	X Yes No
				rwork Reduction Act Notice, see the separate instru	uctions.		TEEA0113L 12	

<u> </u>	990 (2009) NATIONAL ASSOCIATION OF SCIENCE	11-1782	.,,,,	
Parl				
	Briefly describe the organization's mission			
	SEE SCHEDULE O			<del>-</del> -
				<b>-</b> -
_				
	Did the organization undertake any significant program services during the year which were not listed on	ine prior f	¬ v	R
	Form 990 or 990-EZ?	l	Yes	Σ
	If 'Yes,' describe these new services on Schedule O		٦.,	Ī\$
_	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? [	Yes	<u> </u>
	If 'Yes,' describe these changes on Schedule O.		<b>.</b> .	
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocations to	Section others,	the
4a		Revenue \$_		_
	WORKSHOPS AND SEMINARS - ORGANIZATION OFFERED PROFESSIONAL DEVELOR			
	MULTIPLE FORMAL AND INFORMAL NETWORKING EVENTS, AND SEVERAL EDUCAT	<u> IONAL FI</u>	ELD_T	RIF
	TO ITS MEMBERS.			
		. <b></b>		
		. <b></b>		
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		· <b></b>		
4b	PUBLICATIONS AND COMMUNICATIONS - ORGANIZATION PRODUCED QUARTERLY			
4b	· · · · · · · · · · · · · · · · · · ·	NEWSLETT		
4b	PUBLICATIONS AND COMMUNICATIONS - ORGANIZATION PRODUCED QUARTERLY SCIENCE WRITER TIMES MONTHLY WHICH CONNECTED MEMBERS WITH EACH OTHER	NEWSLETT		
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4c	PUBLICATIONS AND COMMUNICATIONS - ORGANIZATION PRODUCED QUARTERLY SCIENCE WRITER TIMES MONTHLY WHICH CONNECTED MEMBERS WITH EACH OTE FIELD OF SCIENCE WRITING.  C(Code  (Code  (C	NEWSLETT	TH TI	HE _
4c	PUBLICATIONS AND COMMUNICATIONS - ORGANIZATION PRODUCED QUARTERLY SCIENCE WRITER TIMES MONTHLY WHICH CONNECTED MEMBERS WITH EACH OTH FIELD OF SCIENCE WRITING.  **CODE COMMUNICATION OF SCIENCE WRITING OF	NEWSLETT	TH TI	HE_

Part IV. Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III R 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 complete Schedule G. Part III Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

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	m 990 (2009) NATIONAL ASSOCIATION OF SCIENCE	11-1782759		Р	age 4
Pa	rt IV.   Checklist of Required Schedules (continued)	· · · · · · · · · · · · · · · · · · ·		Yes	No
21 <sup>.</sup>	<ul> <li>Did the organization report more than \$5,000 of grants and other assistance to governments and organi.</li> <li>United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II</li> </ul>	zations in the	21	res	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2 <sup>9</sup> If 'Yes,' complete Schedule I, Parts I and III	States on Part	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' Schedule J	complete	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than a sof the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b complete Schedule K. If 'No, 'go to line 25	through 24d and	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u> </u>	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the y any tax-exempt bonds?	<u> </u>	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<u> </u>	24d		
25	ia Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	tion with a	25a		
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'N Schedule L, Part I	'es,' complete	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated em disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	e L, Part II	26		Х
27	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, si contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes, Schedule L, Part III	complete	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions):	Part IV		, , ,	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	<u>L</u>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule	1	29		^
30	contributions? If 'Yes,' complete Schedule M		30 31		X
31			31		^
	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' co Schedule N, Part II	-	32		Х
33	3 Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ations sections	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts line 1	II, III, IV, and V,	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part V, line 2	ete Schedule R,	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable rorganization? If 'Yes,' complete Schedule R, Part V, line 2	elated	36		
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organizated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	zation and that is	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 Note. All Form 990 filers are required to complete Schedule O	and 19?	38	Х	

BAA Form **990** (2009)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 1a 29			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 2			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	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>b</b> If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>f</u>		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8		
9 Sponsoring organizations maintaining donor advised funds.	Ŭ		
a Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			ļ
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</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			
a Gross income from other members or shareholders			
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?	12 a	-	_
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
· · · · · · · · · · · · · · · · · · ·			

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Form **990** (2009)

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

Sec	tion A <u>.    </u>	Governing Body and Management							
								Yes	No
1 a	Enter the	number of voting members of the governing body		1 a		15			ı
b	Enter the	number of voting members that are independent	į	1b		15		ĺ	1
2	Did any o	fficer, director, trustee, or key employee have a family rector, trustee or key employee?	relationship or a business re	lations	hip with any o	ther	2 -		
3	Did the o	ganization delegate control over management duties ci	ustomarily performed by or u ment company or other perso	inder th	ne direct supe	rvision	3		Х
4		ganization make any significant changes to its organiza prior Form 990 was filed?	ational documents				1		Х
_		ganization become aware during the year of a material	I divarsion of the organization	n'e ace	otc?	١,	,		Х
		organization have members or stockholders?	Tulversion of the organization	113 033	ets.				X
7 a	Does the	organization have members, stockholders, or other per body?	sons who may elect one or n	nore m	nembers of the	•	7 a		Х
t	Are any o	ecisions of the governing body subject to approval by r	members, stockholders, or ot	her pe	rsons?		7Ь		X
8	Did the o	ganization contemporaneously document the meetings ing:	held or written actions unde	rtaken	during the year	ar by		1	ا جھد
a	The gove	ning body?					За	Х	
t	Each con	mittee with authority to act on behalf of the governing	body?			1	3Ь	X	
9	ls there a organizat	ny officer, director or trustee, or key employee listed in on's mailing address? <i>If 'Yes,' provide the names and</i>	Part VII, Section A, who car addresses in Schedule O	nnot be	e reached at th	ne !			Х
Sec	tion B.	Policies (This Section B requests information	tion about policies not r	require	ed by the Ir	nternal			
Reve	enue Code	)							
						_	_	Yes	No
		organization have local chapters, branches, or affiliates					) a		X
	and bran	oes the organization have written policies and procedui thes to ensure their operations are consistent with thos	se of the organization?			10	Эb		
		rganization provided a copy of this Form 990 to all mer					Ш	X	
		in Schedule O the process, if any, used by the organization		SE	E SCHEDUI	· · · —	. 1	1	
		organization have a written conflict of interest policy? I				12	2a	Х	
	to conflic						2 b	-	X
	Schedule	organization regularly and consistently monitor and enf O how this is done	force compliance with the pol	licy? If	f 'Yes,' describ	ne in <b>1</b> :	2 c		Х
		organization have a written whistleblower policy?				1:	-	X	<del></del>
		organization have a written document retention and de				1.	3	Х	<del></del>
15	Did the p persons,	ocess for determining compensation of the following pecomparability data, and contemporaneous substantiatio	ersons include a review and on of the deliberation and dec	approv cision?	al by indepen	dent		·	· 
	_	nization's CEO, Executive Director, or top management				1!	5 a		<u>X</u>
t		cers of key employees of the organization SEE SCI				1!	5 b	Х	<u> </u>
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (	(See instructions.)						١.
16 a	Did the o entity du	ganization invest in, contribute assets to, or participateing the year?	e in a joint venture or similar	arrang	gement with a	taxable 1	5a		X
t	in joint v	as the organization adopted a written policy or procedu nture arrangements under applicable federal tax law, a h respect to such arrangements?	ure requiring the organization and taken steps to safeguard	to eva	aluate its parti ganization's e	xempt	5 Ď		
Sec	tion C.	Disclosures							
17	List the s	ates with which a copy of this Form 990 is required to	be filed ► _ <u>CA</u>						
18	inspectio	104 requires an organization to make its Forms 1023 (on Indicate how you make these available. Check all that	at apply	nd 990	-T (501(c)(3)s	only) avail	able	e for p	public
	_		Jpon request						
	statemer	in Schedule O whether (and if so, how) the organization is available to the public SEE SCHEDULE O							incial
		name, physical address, and telephone number of the Y DAVIS P.O. BOX 7905 BERKELEY CA			and records of	the organi	zatı 	on 	<b>-</b>

1

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	ot comper	sate a	any o	curre	ent (	officer	, dır	ector, or trustee		
(A) ·	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours				k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		lual t	hona	,	l de	st cor	-			and related organizations
		ruste	trus		8	nper				organizations
		ñ	tee			sated				
MARIETTE DICHRISTINA GEROS										
PRESIDENT	3	Х		Х				0.	0.	0.
NANCY SHUTE										
VICE PRESIDENT	3	X		Х				0.	0.	0.
PEGGY GIRSHMAN										
TREASURER	3	X		X	<u> </u>	<u></u>		0.	0.	0.
RON WINSLOW										
SECRETARY	3	X	<u> </u>	X				0.	0.	0.
BERYL LIEFF BENDERLY	1					j				
DIRECTOR	1	X_						0.	0.	0.
KELLI WHITLOCK BURTON	<u> </u>									
DIRECTOR	1	X_			L		<u> </u>	0.	0.	0.
GLENNDA CHUI	1								_	_
DIRECTOR	1	X			<u> </u>			0.	0.	0.
TERRY DEVITT			İ					_		_
DIRECTOR	11	X		<u> </u>			ļ	0.	0.	0.
DAN FERBER										•
DIRECTOR	1	X				<del> </del>		0.	0.	0.
BOB FINN		١								•
DIRECTOR	1	X	<u> </u>					0.	0.	0.
ROBIN MARANTZ HENIG	1 .	١.,								•
DIRECTOR	1	X	-			-		0.	0.	0.
TOM PAULSON				ŀ					0	0
DIRECTOR	1	X_	<u> </u>	<u> </u>				0.	0.	0.
TABITHA POWLEDGE	4	v				İ		0.	0.	0
DIRECTOR	1	X	<u> </u> -			├	-	0.	U.	0.
VIKKI VALENTINE		v							0.	0
DIRECTOR	1	X	-	-	-		<del>                                     </del>	0.		0.
MITCH_WALDROPDIRECTOR	- I	X						0.	0.	0.
TINSLEY DAVIS	1	^	$\vdash$	$\vdash$	├					<u> </u>
EXECUTIVE DIREC	40	1		x				55,000.	0.	0.
EVECOLIAE DIKEC	40	<del> </del>	$\vdash$	├^	<del>                                     </del>	<del> </del>	$\vdash$	35,000.	0.	
	1									
	L		1	1	1		1	l		

Part VII Section A. Officers, Directors, Trus	tees, M	(ey	En	plo	уе	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)			((	c)			(D)	(E)	(F)
Name and Title	Average hours			checl					Reportable	Estimated
	per week	Indiv	insti	Officer	ě	Highest co employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
		/idua	t io	ĕ	쁡	iest o		(W-2/1039-WISC)	(***21099*****3C)	organization and related
		ž	nal t		employee	E SI				organizations
		stee	Institutional trustee		"	compensa:				
			ď			ated				
					_					
			-			$\vdash$	_			
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					<u> </u>					
					l					
<del></del>										
1 b Total	·				!		<b></b>	55,000.	0.	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	abo	ove)	) wh	o re	• • • • • • • • • • • • • • • • • • • •		
from the organization					•				•	,
		•								Yes No
3 Did the organization list any <b>former</b> officer, director	or trust	ee l	kev	emr	nlov	ee (	or h	inhest compensat	ed employee	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndividua	Ĭ,	,	O.,,,		00,	<b>.</b>	ignoot componicat	ou omproyee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	cor	npe	nsat	tion	and	oth	er compensation	from	
individual	nan pio	0,00	, 00	11 7	es	COTT	ipiei	e Scriedule 3 for :	sucri	4 X
5 Did any person listed on line 1a receive or accrue c	omnanc	atio	n fr	am a	אחע	unra	olate	ad organization for	r convices	
rendered to the organization? If 'Yes,' complete Sci	hedule J	for	suc	h pe	2119 2750	n	Eiale	ed organization to	Services	5 X
Section B. Independent Contractors										=
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntrac	ctors	s tha	at received more t	han \$100,000 of	
								I	· · · · · · · · · · · · · · · · · · ·	
(A) Name and business addres	ς.							(B) Description (	) of Services	(C) Compensation
Traine and basiness budies	<del>-</del>							2000 i pilori		20portoution
										-
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	list	ted a	above) who receiv	ed more than	
\$100,000 in compensation from the organization >	0									

, •

<u>Pai</u>	t VIII   Statement of Revenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a			revenue		512, 513, 01 514
TS T	1a Federated campaigns 1a b Membership dues 1b	<del></del>				
S S	c Fundraising events.					
AN AM	d Related organizations 1d					
βğ	· -					
SIS						
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,500.				
ž S	g Noncash contribns included in Ins 1a-1f. \$_					
84	h Total. Add lines 1a-1f	<b>•</b>	1,500.			
Ĕ	_	Business Code				
Ę.		900099	176,095.	176,095.		
æ		900099	166,647.	166,647.		
Š		611430	48,368.	48,368.		
SE	d_FIELD_GUIDE_BOOK	900099	1,707.	1,707.		
Σ¥	e					
ä	f All other program service revenue					
<u> </u>	g Total. Add lines 2a-2f	•	392,817.			
	3 Investment income (including dividends	s, interest and	6 707			6 707
	other similar amounts)		6,727.			6,727.
	4 Income from investment of tax-exempt	bond proceeds			<u></u>	
	5 Royalties	<b>•</b>				
	(i) Real	(ii) Personal				
	6a Gross Rents					
	<b>b</b> Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	<b>b</b> Less. cost or other basis and sales expenses					
	c Gain or (loss)					:
	d Net gain or (loss)	<b>•</b>				
JE	8a Gross income from fundraising events (not including \$					
ÆNI	of contributions reported on line 1c)					
OTHER REVEN		a				
HER						
ō	c Net income or (loss) from fundraising e	~				
	9a Gross income from gaming activities					
		a b				1
	a zooo: amoot onponero					-
	c Net income or (loss) from gaming activ	rilles				
		a		i		
	<b>b</b> Less: cost of goods sold	b <u></u>				
	c Net income or (loss) from sales of inve		, , , , , , , , , , , , , , , , , , , ,			
	Miscellaneous Revenue	Business Code	00.400		00 400	-
		541800	20,400.		20,400.	
		900099	15,700.		15,700.	
		541800	8,885.		8,885.	
	d All other revenue		1,552.	1,552.		
	e Total. Add lines 11a-11d	•	46,537.	224 222	44 005	
	12 Total revenue. See instructions		447,581.	394 <u>,</u> 369.	44,985.	6,727.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Dò i	All other organizations must comp	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	56,808.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	55,000.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages.	18,500.			
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	5,000.			
9	Other employee benefits.	4,031.			
10	Payroll taxes	6,224.			_
	Fees for services (non-employees)	0/221			
	Management				
	D Legal	4,325.		-	
	Accounting	11,475.			
	Lobbying	11/1/01			
	e Prof fundraising svcs See Part IV, In 17				
	Investment management fees				<del></del>
	1 Other			-	
	Advertising and promotion	14,604.	-		
13	Office expenses	411.	_		
14	Information technology	38,896.			
15	Royalties	30,030.			
16	Occupancy				
	Travel	22,049.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22/015.			
19	Conferences, conventions, and meetings	83,321.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,098.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
á	PRINTING AND PUBLICATIONS	97,820.			
- 1	AWARDS	22,649.			
•	SPECIAL PROJECTS	8,542.			
(	MERCHANT FEES AND BANK CHARGES	6,359.			
•	POSTAGE AND SHIPPING	4,582.			
1	All other expenses	5,180.			
_25	Total functional expenses. Add lines 1 through 24f	467,874.			
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		<u></u>			Form <b>990</b> (2009)

Part X. **Balance Sheet** (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 74,492 1 34,820. 321,923 2 327,752. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 7,010. 3,945. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 1,270. 9 520 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10 c **b** Less accumulated depreciation. 10b 53,896. 11 64,897. 11 Investments — publicly-traded securities 12 Investments – other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 439. 439 15 15 Other assets See Part IV, line 11 432,373. 459,030. 16 Total assets Add lines 1 through 15 (must equal line 34). 16 5,812. 17 3,644 17 Accounts payable and accrued expenses 18 Grants payable 18 51,299. 19 54,005 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 57,111. 57,649. 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. 337,179. 27 374,724. 27 Unrestricted net assets 64,740. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Q R and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. FUND 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 401,919. 374,724. 33 Total net assets or fund balances 33 459,030. 432,373

BAA

34

Total liabilities and net assets/fund balances.

Form 990 (2009)

34

Form 990 (2009) NATIONAL ASSOCIATION OF SCIENCE	11-1782759	Pa	ige <b>12</b>
Part XI Financial Statements and Reporting			
		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 in Schedule O	_		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 2	<u>.                                    </u>	X
b Were the organization's financial statements audited by an independent accountant?	21	>	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	tht of the audit,	:	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both	e issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			<del></del>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	,	х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit		

BAA

Form **990** (2009)

# SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 11-1782759

Part I General Information on Grants and Assistance NATIONAL ASSOCIATION OF SCIENCE Department of the Treasury Internal Revenue Service Name of the organization

X Yes		res' to Forr	000. Use
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Forr	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

**%** □

Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if addit	ional space is r	pepea			•	<b>×</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1 1							
1 1 1							
 							•
!							
1 1							
501(c)(3)	Enter total number of section 501(c)(3) and government organizations	ganizations					0

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009 NATIONAL ASSOCIATION OF SCIENCE

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. NATIONAL ASSOCIATION OF SCIENCE

Page 2

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

BAA

Schedule I (Form 990) 2009

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

WRITERS, INC.	11-1782759		
FORM 990, PART III. LINE 1 - ORGANIZATION MISSION			
TO_FOSTER_THE_DISSEMINATION_OF_ACCURATE_INFORMATION_REGAI	RDING SCIENCE AND TECHNOLOGY		
THROUGH_ALL_MEDIA_NORMALLY_DEVOTED_TO_INFORMING_THE_PUBL:	IC; TO FOSTER THE		
INTERPRETATION OF SCIENCE AND ITS MEANING TO SOCIETY, IN KEEPING WITH THE HIGHEST			
STANDARDS OF JOURNALISM; AND PROMOTE THE PROFESSIONAL INTERESTS OF SCIENCE WRITERS.			
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS			
THE ORGANIZATION ENGAGES THE SERVICES OF A CPA FIRM TO PH	REPARE THE REQUIRED FORMS TO		
BE FILED WITH THE IRS. THE CPA FIRM, IN CONJUNCTION WITH	MANAGEMENT, PREPARE A DRAFT		
OF THE REQUIRED FORMS. THE DRAFT IS THE PROVIDED TO THE I	FINANCE COMMITTEE WHO WILL		
REVIEW_AND_APPROVE_THE_FORMS_FOR_FILINGTHE_FINAL_RETURN	N IS THEN CIRCULATED TO THE		
REMAINING BOARD MEMBERS FOR THEIR REVIEW.			
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PI	ROCESS FOR OFFICERS & KEY EMPLOYEES		
THE ORGANIZATION CURRENTLY HAS ONLY AN EXECUTIVE DIRECTOR	R. THE BOARD APPROVES THE		
EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY.			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE			
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS	ARE MADE AVAILABLE TO		
AUTHORIZED PARTIES UPON REQUEST.			

Schedule <b>O</b> (Form 990) 2009 Page <b>2</b>			
Name of the organization	NATIONAL	ASSOCIATION OF SCIENCE INC.	Employer identification number
•	WRITERS,	INC.	11-1782759
•			
			<b>-</b>
<b>-</b>			
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