DLN: 93493266004059 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable SOCIETY FOR SCIENCE & THE PUBLIC □ Address change 53-0196483 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1719 N STREET NW ☐ Amended return ☐ Application pending (202) 785-2255 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20036 G Gross receipts \$ 24,853,970 Name and address of principal officer H(a) Is this a group return for MAYA AJMERA ☐Yes ☑No subordinates? 1719 N STREET NW H(b) Are all subordinates WASHINGTON, DC 20036 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SOCIETYFORSCIENCE ORG L Year of formation 1921 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE PUBLIC UNDERSTANDING OF SCIENCE Activities & Governance 2 Check this box ▶ ☐ 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) . 16 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 113 **6** Total number of volunteers (estimate if necessary) 6 1,900 Total unrelated business revenue from Part VIII, column (C), line 12 244,902 **b** Net unrelated business taxable income from Form 990-T, line 34 -89,642 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 14,287,695 15,330,213 Ravenua 4,592,302 4,488,339 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,057,089 1,175,338 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 180,114 123,502 20,117,200 21,117,392 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,608,381 4,621,772 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,811,409 10,404,988 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 193,041 251,497 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,925,153 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 14,013,300 13,463,420 28,741,677 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,626,131 -7,624,285 Revenue less expenses Subtract line 18 from line 12 . -8,508,931 Net Assets or Fund Balances Beginning of Current Year End of Year 102,277,155 93,486,645 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 9,178,998 9,892,219 22 Net assets or fund balances Subtract line 21 from line 20 . 93,098,157 83,594,426 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 2019-09-23 Signature of officer Sign Here MAYA AJMERA CHIEF EXECUTIVE OFFICER & PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00397829 Paid self-employed Firm's name ► TATE & TRYON Firm's EIN ► 52-1855942 Preparer Use Only Firm's address ▶ 2021 L STREET NW SUITE 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	t III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1		organization's mission		·		
PRO	OTING THE UNDERS	TANDING AND APPREC	ATION OF SCIE	NCE AND THE VITAL RO	OLE IT PLAYS IN HUMAN ADVANCE	EMENT
2	Did the organization	undertake any signific	ant program serv	vices during the year w	hich were not listed on	
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant i	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	16,054,425	including grants of \$	4,312,939) (Revenue \$	1,045,104)
	See Additional Data					
4b	(Code) (Expenses \$	7,137,552	ıncludıng grants of \$) (Revenue \$	3,443,234)
	See Additional Data					
4c	(Code) (Expenses \$	1,957,781	ıncludıng grants of \$	308,833) (Revenue \$)
	See Additional Data					
4d		ces (Describe in Sched	•			
	(Expenses \$	Inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	25,149,7	58		

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 ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Νo 3 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? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺 🔒 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b 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 Nο 11c 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Νo 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 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2⁷ If "Yes," complete Schedule I, Parts I and III

Yes

20b

21

Part IV

32

33

37

Part V

Checklist of Required Schedules (continued)

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Nο

31

32

33

34

35a

35b

36

37

38

852

0

1a

Yes

Yes

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		- 1	res	NO
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	Yes	
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		No
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	I		

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

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

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

13b 13c

11b

12b

13a

12a

14b

15

14a

No

Nο

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lınes 🗹
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 14			
	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 in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent			
	1b 16			
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		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a caxable entity during the year?	16a		No
	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			L
	List the States with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , DC , FL , GA , MD , ME , MI , MN , MO , MS , NC , ND , OK , OR , PA , RI , SC , TN , UT , VA , WA	NH , N	, NM,	NY, OH
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,,	, 11	_
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
)	State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE ORGANIZATION 1719 N STREET NW WASHINGTON, DC 20036 (202) 785-2255			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

ARAMARK SPORTS & ENTERTAINMENT

compensation from the organization ▶ 22

500 ART ROONEY AVENUE PITTSBURGH, PA 15212

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

Section A. Officers, Direct	ors, musices	, iccy	Lilip		,	ana	9.	icst compensate	d Employees (COII	unucuj	
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations ()		(F) Estima amount o compen	ated of other sation
	for related organizations below dotted line)	individual trustee or director	1				Former	2/1099-MISC)	2/1099-MISC		organizat relat organiza	ed
		l trustee er	Institutional Trustee		loyee	Highest compensated employee						
See Additional Data Table												
										_		
										_		
1b Sub-Total	<u></u>		<u> </u>	<u> </u>		<u> </u>				ᆛ		
c Total from continuation sheets to Pa	art VII , Section	Α				•		2.146.066		0		260.442
d Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rece	2,146,966 eived more than \$1		<u> </u>		369,143
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>									employee on	3		No
For any individual listed on line 1a, is organization and related organization: individual									n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									vidual for	5		No
Section B. Independent Contract												
1 Complete this table for your five higher from the organization. Report comper										nper	nsation	
Name a	(A) and business addre	955						Desc	(B) ription of services		(C Comper	
QUADGRAPHICS INC								MANUFACTU	JRING			772,488
N61 W23044 HARRYS WAY SUSSEX, WI 53089												
LEVY RESTAURANT 1500 SOUTH CAPITOL ST SE								FOOD SERV	ICE			700,617
WASHINGTON, DC 20003 LIVE MARKETING INC								EVENT PROI	DUCTION			543,996
518 DAVIS STREET SUITE 201 EVANSTON, IL 60201												
GLOBAL EXPERIENCE SPECIALISTS INC								EXPO/SHOV	V SERVICES			461,837
PO BOX 96174 CHICAGO, IL 60693												
ARAMARK SDORTS & ENTERTAINMENT								CATERING				402 278

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

402,278

CATERING

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See Instructions .

VIII	Statement of Re	venue											_
	Check if Schedule O	contains	a respo	nse or r	note to any	y line in t	hıs Part VIII						. 🗆
							(A) revenue	f	(B) elated or exempt unction revenue	Uni bu	(C) related siness venue	exc tax u	(D) Revenue luded from nder sections 12 - 514
12	Federated campaigns		1a		693				evenue				12 317
١,	b Membership dues		1b										
١,	c Fundraising events .		1c										
	d Related organizations		1d										
	e Government grants (contrib	outions)	1e		53,000								
	All other contributions, gifts and similar amounts not inc above	s, grants,	16 1f	:	15,276,520								
,	g Noncash contributions in lines 1a - 1f \$		16,	795									
	h Total. Add lines 1a-1f				. ▶		15,330,213						
					Busines		10,000,210						
2 a	SCIENCE NEWS					511120	3,1	98,333	3,198	3,333			
b	SCIENCE EDUCATION PROGR	RAMS				611710	1,0	45,104	1,045	,104			
c	SCIENCE NEWS ADVERTISIN	G					2	44,902			244,9	02	
·						541800							
d			_										
е	,		_										
f	All other program service	revenue				488,339			I	·			
g	Total. Add lines 2a-2f .			>	.,	100,333							
	Investment income (includ similar amounts)			nterest,	and other		887,19	0					887,190
	Income from investment o			nd prod	eeds i	<u> </u>							
	Royalties				. 1	•	114,93	3					114,933
		(ı) Rea		(11)	Personal								
6a	Gross rents												
b	Less rental expenses												
	Rental income or (loss)												
C	Net rental income or (lo		•	• •	· •								
7-	Gross amount	(ı) Securit	ies	(11)) Other	_							
/ d	from sales of assets other than inventory	4,0	24,726										
b	Less cost or other basis and sales expenses	3,7	36,578										
	Gain or (loss)	2	88,148			Ц							
	Net gain or (loss)				<u> </u>		288,14	8					288,148
8a	Gross income from fundr (not including \$ contributions reported or See Part IV, line 18 .	n line 1c)	ents of a										
	Less direct expenses .		ь										
	: Net income or (loss) fron			ents .	• •	_							
Уa	Gross Income from gamii See Part IV, line 19		es a										
	Less direct expenses .		ь										
	: Net income or (loss) fron		actıvıtı ı	es .	. •	_							
TÜ	aGross sales of inventory, returns and allowances		a										
b	Less cost of goods sold		ь										
_ c	Net income or (loss) fron	n sales of	<u>inv</u> ent	ory .									
	Miscellaneous Rev				ess Code								
11	aLIST RENTAL				90009	99	8,56	9					8,569

8,569

4,243,437

21,117,392

•

244,902

7 Other salaries and wages

9 Other employee benefits .

d Lobbying

f Investment management fees

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

20 Interest . . .

23 Insurance .

a TAXES

c BAD DEBTS

21 Payments to affiliates . . .

expenses on Schedule O)

b REGISTRATION/OTHER FEES

d OVERHEAD ALLOCATION

e All other expenses

11 Fees for services (non-employees) a Management . . .

10 Payroll taxes . .

b Legal .

c Accounting

648,037

69,330

60,249

55,888

3,390

251,497

3,444

60,649

323,502

67,740

43,977

9,129

11,941

158,195

1,925,153

Form 990 (2018)

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 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)

federal, state, or local public officials . 19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

g Other (If line 11g amount exceeds 10% of line 25, column

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses						
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	603,000	603,000								
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,206,851	3,206,851								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	811,921	811,921								
4 Benefits paid to or for members										
5 Compensation of current officers, directors, trustees, and key employees	1,659,709	1,207,121	294,403	158,185						
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										

6,799,326

727,415

632,147

586,391

129.883

125,208

251,497

125,541

396,320

2,651,667

1,359,377

665,442

1,765,125

2,288,206

121,384

143,408

132,522

71,992

31,701

28,741,677

0

3,455,644

4,945,208

529,054

459,766

426,487

93,860

3,145,818

318,026

974,582

111,533

1,677,449

2,257,561

113,667

51,617

50,733

1,983,335

25,149,758

2,182,169

1,206,081

129,031

112,132

104,016

32,633

125,208

125,541

306,382

17,645

145,996

317,055

553,909

43,699

21,516

7,717

91,791

132,522

9,318

31,701

-2,141,530

1,666,766

Form 990 (2018)

26

27 28

29

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31

32

33 34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

check if Schedule o contains a response of flote to any line in this factor.			<u> </u>
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	3,632,117	1	4,559,322
2 Savings and temporary cash investments	2,747,742	2	3,001,625
3 Pledges and grants receivable, net	67,694,362	3	59,779,712
4 Accounts receivable, net	212,934	4	207,672
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

		trustees, key employees, and highest compensa Part II of Schedule L	ited en	nployees Complete		5	
ş	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations and part II of Schedule L	n 4958 itions o (see in:	(c)(3)(B), and f section 501(c)(9)		6	
et	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			706,380	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,649,543			
	ь	Less accumulated depreciation	10b	3,618,197	152,730	10c	
	11	Investments—publicly traded securities .			27,130,890	11	25,
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets				14	

• :	I					ı	
1	9	Prepaid expenses and deferred charges			706,380	9	669,547
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,649,543			
	ь	Less accumulated depreciation	10 b	3,618,197	152,730	10c	31,346
	11	Investments—publicly traded securities .			27,130,890	11	25,237,421
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	102,277,155	16	93,486,645
	17	Accounts payable and accrued expenses			996,223	17	903,382
	18	Grants payable			99,000	18	127,000
	19	Deferred revenue	_		3,285,630	19	3.528.074

	I	•					
	ь	Less accumulated depreciation	10b	3,618,197	152,730	10 c	31,346
	11	Investments—publicly traded securities .			27,130,890	11	25,237,421
	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		15			
	16	Total assets.Add lines 1 through 15 (must equa	al line	34)	102,277,155	16	93,486,645
	17	Accounts payable and accrued expenses			996,223	17	903,382
	18	Grants payable	99,000	18	127,000		
	19	Deferred revenue			3,285,630	19	3,528,074
	20	Tax-exempt bond liabilities		20			
Š	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
0	l						

	12	Other assets See Partiv, line 11		12	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	102,277,155	16	93,486,645
	17	Accounts payable and accrued expenses	996,223	17	903,382
	18	Grants payable	99,000	18	127,000
	19	Deferred revenue	3,285,630	19	3,528,074
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	

	18	Grants payable	99,000	18	127,000
	19	Deferred revenue	3,285,630	19	3,528,074
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilitie	21	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other behilder (male des forders) more to the male to design and the	4 700 145	2	E 222 762

ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
gej		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	4,798,145	25	5,333,763

9,178,998

15,564,904

76,164,771

1,368,482

93,098,157

102,277,155

26

27

28

29

30

31

32

33

34

9.892.219

13,833,505

68,155,341 1,605,580

83,594,426

93,486,645

Form **990** (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 53-0196483

Name: SOCIETY FOR SCIENCE & THE PUBLIC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE DESIRE WITHIN STUDENTS TO BECOME SCIENTISTS, ENGINEERS AND INVENTORS

SCIENCE EDUCATION PROGRAMS - FOR DECADES, SOCIETY FOR SCIENCE & THE PUBLIC HAS OFFERED MANY OF THE MOST REVERED SCIENCE EDUCATION PROGRAMS IN THE WORLD THE REGENERON SCIENCE TALENT SEARCH, THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR, AND BROADCOM MASTERS (MATH, APPLIED SCIENCE, TECHNOLOGY AND ENGINEERING FOR RISING STARS) THROUGH THESE PROGRAMS, WHICH ENCOURAGE INDEPENDENT SCIENTIFIC RESEARCH AND PROJECT-BASED LEARNING. THE SOCIETY IS HELPING TO GROW THE PIPELINE OF STEM PROFESSIONALS BY EMPOWERING OUR FUTURE GENERATION OF TALENT AND NURTURING

SCIENCE NEWS - SINCE 1922, THE SOCIETY HAS PUBLISHED THE AWARD-WINNING SCIENCE NEWS (SN), AN IN-DEPTH, TRUSTWORTHY, AND HIGH-QUALITY SOURCE OF SCIENCE JOURNALISM THE SCIENCE NEWS MEDIA GROUP OFFERS READERS CONCISE AND COMPREHENSIVE EDITORIAL CONTENT, INFORMATIVE IMAGERY, A BLOG NETWORK, EDUCATIONAL PRODUCTS AND ACCESS TO ARCHIVES GOING BACK TO 1924 THIS INCLUDES SCIENCE NEWS FOR STUDENTS (SNS), LAUNCHED IN 2003 AS A YOUTH EDITION AND COMPANION TO SN SNS IS AN AWARD-WINNING, FREE DIGITAL RESOURCE SERVING STUDENTS, PARENTS AND TEACHERS, SN HAS NEARLY 120,000 SUBSCRIBERS. MORE THAN 10 MILLION UNIQUE WEBSITE VISITORS DURING THE PAST YEAR, 2 7 MILLION FACEBOOK FANS AND 2 7 MILLION TWITTER

FOLLOWERS ADDITIONALLY. THROUGH THE SCIENCE NEWS FOR HIGH SCHOOLS (SNHS) PROGRAM SCIENCE NEWS IS PROVIDED IN PRINT AND DIGITALLY TO 4,800

Form 990, Part III, Line 4b:

SCHOOLS THROUGH GRANT AND CONTRIBUTION FUNDING

OUTREACH - THE SOCIETY EXPANDED ITS WORK TO ENSURE THAT MORE YOUNG PEOPLE, REGARDLESS OF THEIR RESOURCES, CAN ACCESS THE SOCIETY'S SCIENTIFIC JOURNALISM AND EXPERIENCE THE BENEFITS OF SCIENCE RESEARCH COMPETITIONS THROUGH THE STEM RESEARCH GRANT PROGRAM WE ARE PROVIDING TEACHERS ACROSS THE NATION WITH MORE RESOURCES FOR THEIR CLASSROOM. THROUGH THE ADVOCATE GRANT PROGRAM, WE ARE PROVIDING EDUCATORS WITH THE

Form 990, Part III, Line 4c:

RESOURCES THEY NEED TO HELP UNDERSERVED STUDENTS PARTICIPATE IN SCIENCE RESEARCH COMPETITIONS. AND THROUGH THE STEM ACTION GRANT PROGRAM.

LAUREATES, ACADEMICS, SCHOLARS, ENTREPRENEURS, AND TRAILBLAZERS IN MANY STEM AND BUSINESS FIELDS

WE ARE PROVIDING FUNDING TO INNOVATIVE NONPROFITS THAT PROMOTE STEM EDUCATION IN ADDITION. THE SOCIETY ALUMNI COMMUNITY IS A GLOBAL NETWORK OF MORE THAN 70,000 DISTINGUISHED ALUMNI WHO HAVE PARTICIPATED IN ONE OR MORE OF THE SOCIETY'S COMPETITIONS AND HAVE GONE ON TO BECOME NOBEL

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

AT-LARGE

TESSA M HILL

ALAN LESHNER

CHRISTY BURTON

MARTIN CHALFIE

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	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
H ROBERT HORVITZ CHAIR	3 00	x		x				0	0	0	
ROBERT W SHAW JR TREASURER (UNTIL OCT 18)	3 00	x		х				0	0	0	
DALII I MADDONI	3 00										

ROBERT W SHAW JR	3 00	×	x		0	0	
TREASURER (UNTIL OCT 18)		^	^			3	
PAUL J MADDON	3 00	×	x		0	0	
SECRETARY		_ ^	<u> </u>			•	
MARY SUE COLEMAN	3 00		x		n	0	
VICE CHAIR		l ^	^		Ĭ	Ĭ	

3 00

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PAUL J MADDON	3 00		v		n	0	_
SECRETARY		^	^			0	
MARY SUE COLEMAN	3 00		,				0
VICE CHAIR		×	*		U	U	
HAYLEY BAY BARNA	3 00	V	V		0	0	0
TREASURER		^	^			U	l

SECRETARY							
MARY SUE COLEMAN	3 00	v	v		0	0	0
VICE CHAIR		_ ^	^			0	
HAYLEY BAY BARNA	3 00	V	v		0	0	0
TREASURER		_ ^	^			0	
CRAIG R BARRETT	3 00						

MARY SUE COLEMAN		l _x	l _x l		l n	0	0
VICE CHAIR		^					
HAYLEY BAY BARNA	3 00	×	x		0	0	
TREASURER		^				3	
CRAIG R BARRETT	3 00						

VICE CHAIR							
HAYLEY BAY BARNA	3 00	_	_		0	0	0
TREASURER		^	^		U	0	
CRAIG R BARRETT	3 00	×			0	0	0

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the from related week (list compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	l a dır	recto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TOM LEIGHTON TRUSTEE	3 00	x						0	0	0	
STEPHANIE PACE MARSHALL TRUSTEE (UNTIL OCT 2018)	3 00	х						0	0	0	
SEAN B CARROLL	3 00	х						0	0	0	

 x						0	
 x						0	
 ×						0	
3 00	3 00 X	X 3 00 X	X 0				

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392,549

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54,352

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and Independent Contractors

JOE PALCA

TRUSTEE

TRUSTEE

GIDEON YU

TRUSTEE (AS OF OCT 18)

TRUSTEE (AS OF OCT 18)

TRUSTEE (AS OF OCT 18)

DIANNE K NEWMAN

WE MOERNER

MAYA AJMERA

PRESIDENT & CEO

......

.....

FENG ZHANG

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

(W-2/1099-

176,754

176,086

156,307

176,747

146,756

133,793

organizations

(W- 2/1099-

0

0

43,286

15,205

40,852

31,128

29,904

13,575

from the

organization and

any hours

for related

37 50

37 50

37 50

37 50

37 50

37 50

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and Independent Contractors

KATHLENE COLLINS

NANCY SHUTE

JAMES MOORE

EDITOR IN CHIEF

CHIEF IT OFFICER

GAYLE KANSAGOR

CAIT GOLDBERG

ERIC OLSON

CHIEF MARKETING OFFICER

......

CHIEF COMMUNICATIONS OFFICER

DIRECTOR OF ANNUAL GIVING AND MEMBERSHIP

CHIEF, EVENTS & OPERATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	ndrødual trustee ridirector	Institutional Trustee	10	ey employee	lighest compensated mplovee	ormer	MISC)	MISC)	related organizations
CHARLES FEENEY CFO (UNTIL FEB 2018)	37 50			x				36,926	0	7,525
DANIEL REZNIKOV CFO (AS OF JULY 2018)	37 50			х				97,200	0	9,692
MICHELE GLIDDEN CHIEF PROGRAM OFFICER	37 50				×			188,724	0	26,510
BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	37 50				×			197,893	0	34,141

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and Independent Contractors (A) Name and Title

JANET RALOFF

EDWARD MAXWELL

DIRECTOR OF FINANCE

EDITOR

	week (list any hours for related organizations below dotted line)
	37 50
•••	

37 50

(B)

Average

hours per

Institutional

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee Х

Former

compensation from the organization (W-2/1099-MISC) 133,685

(D)

Reportable

compensation 133,546

from related organizations (W- 2/1099-MISC)

(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

23,989

38,984

SCHEDU Form 990 o 90EZ)		Com	Public plete if the o	a section	2018			
epartment of the ternal Revenue S	PETTOP		► Go to	www.irs.gov/Forms	9 <u>90</u> for the late	est information		Open to Public Inspection
ame of the o	ience & THE	on PUBLIC					Employer identific	cation number
Part I	leason fo	or Public (Charity Stat	us (All organization	s must comple	ete this part.) S	53-0196483 See instructions.	
				e it is (For lines 1 thro				
1	church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school des	cribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗌 A	hospital or	a cooperati	ve hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	medical re ime, city, a		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's
	-	ion operated v). (Comple		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
_		- ' '	•	governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).	
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described in
3	community	trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	II)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
fro in	om activitie vestment ii	es related to ncome and t	its exempt fur inrelated busir	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).	
□ m	ore publicly	supported /	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty or	/pe I. A su ganızatıonı	pporting org	janization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by	
m	anagemen	of the supp	- '	pervised or controlled in ation vested in the san and C.			- ' ' '	_
	•	•	_	supporting organization	•	•	, -	ated with, its
l 🗌 Ty	pe III no	n-functional ntegrated	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	•		•	ved a written determir	•		pe I, Type II, Type II	I functionally
	-		on-functionally organizations	integrated supporting	organization	,		·
				upported organization(angahan lata t	(w) A	(wi) A
	ie of suppo ganization	rtea	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	k Dodusti	on Act Not	ice see the T	l nstructions for	<u> </u>	5F :	 Schedule A (Form 9	90 or 990-F7) 201

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization'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						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1)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, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	-			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 11,091,117 1.708.056 2,436,441 2.684.860 19,114,357 membership fees received (Do not 1,193,883 include any "unusual grants") Gross receipts from admissions, merchandise sold or services 4,845,395 4.656.770 23.216.020 performed, or facilities furnished in 5,127,123 4,343,295 4.243.437 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 6,779,736 6,928,297 42,330,377 6,321,006 15,936,512 6,364,826 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 651,682 9,571,315 466,927 803,275 793,500 12,286,699 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the 0 greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 651,682 9,571,315 466,927 803,275 793,500 12,286,699 Public support. (Subtract line 7c 30,043,678 from line 6) Section B. Total Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ 6,321,006 15,936,512 6,364,826 6,779,736 6,928,297 42,330,377 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties 911,401 949,370 976,772 1,002,123 746.614 4,586,280 and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 746,614 911,401 949,370 976,772 1,002,123 4,586,280 Add lines 10a and 10b С Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital 157,425 49,903 38,741 32,951 8,569 287,589 assets (Explain in Part VI) Total support. (Add lines 9, 10c, 7,225,045 16,897,816 7,352,937 7,789,459 7,938,989 47,204,246 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 ▶□ check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 15 63 650 % Public support percentage from 2017 Schedule A, Part III, line 15 16 16 64 270 % Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 9 720 % 17 Investment income percentage from 2017 Schedule A, Part III, line 17 9 090 % 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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	1	
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) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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 3b

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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

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? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) 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. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

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. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)						
	cupper unity or gamma units (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash				
u	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	ection B. Type I Supporting Organizations	110					
	ection b. Type I Supporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or						
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	\sqcup				
2	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						
S	ection 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					
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>			
	ection 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?	j					
		1	\vdash				
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard						
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)					
	The organization satisfied the Activities Test Complete line 2 below	-					
	b						
	c	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	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 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.		\vdash				
	 a 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? 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	26					

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 9	190 or 990-EZ) 2	018 Page 8				
Section Part I' Section Section	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part 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 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)					
		Facts And Circumstances Test				
		, 4545 / 1114 611 6411 6411 6411 6411 6411 641				
<u> </u>						
990 Schedule A	, Supplemen	tal Information				
Return Re	ference	Explanation				
SCHEDULE A, PAR EXPLANATION OF INCOME	, ,	INCOME FROM ACTIVITIES NOT NORMALLY RECURRING				

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
II *	THE ORGANIZATION RECEIVED UNUSUAL GRANTS AS FOLLOWS 2014 - \$6,827,376 2015 - \$1,381,805 2 016 - \$50,893,279 2017 - \$11,851,254 2018 - \$12,645,353						

SCHEDULE D

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.

Open to Public

DLN: 93493266004059 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization CIETY FOR SCIENCE & THE PUBLIC			Employer identification number
300	CIETT FOR SCIENCE & THE PUBLIC			53-0196483
Pa	ort I Organizations Maintaining Donor Advi			r Accounts.
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·		(1)5
1	Total number at and of year	(a) Donor advi	sea runas	(b)Funds and other accounts
2	Total number at end of year Aggregate value of contributions to (during year)			
3	,			
4	Aggregate value of grants from (during year) Aggregate value at end of year			
	,			
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		ets heid in donor adv	Vised runds are the Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing the or donor advisor, or for	nat grant funds can l any other purpose c	be used only for onferring impermissible Yes No
Pa	rt III Conservation Easements. Complete if the	ne organization answe	red "Yes" on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all that ap	oply)	
	\square Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation co	ntribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		1	2a
b	Total acreage restricted by conservation easements		ŀ	2b
c	Number of conservation easements on a certified histori	c structure included in (a	,	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and n	ot on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished	d, or terminated by t	the organization during the
	Number of states where property subject to conservation	in easement is located b		
4		-		<u> </u>
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ispection, handling o	Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violatio	ns, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violations, a	nd enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the require	ements of section 17	/'0(h)(4)(B)(ι)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiza	s revenue and exper tion's financial state	se statement, and
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tr		er Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	6 (ASC 958), not to repo public exhibition, educat	ort in its revenue sta ion, or research in fi	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items			
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	ii)Assets included in Form 990, Part X			<u></u>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:			· ———
а	Revenue included on Form 990, Part VIII, line 1	110 (ADC 350) relating to	, chese itellis	▶ \$
b	Assets included in Form 990, Part X			<u></u>
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No	52283D Schedule D (Form 990) 201

Par	t IIII	Organizations Maintaining Co	llections of Art, H	istori	cal Tı	eas	ures, or Other	Similar As	sets (c	continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check a	any of	the f	ollowing that are a	significant u	se of its	collection	
а		Public exhibition		d		Loar	n or exchange prog	ırams			
b		Scholarly research		е		Othe	er				
С		Preservation for future generations									
4	Provide Part	de a description of the organization's co XIII	llections and explain h	now the	y furth	ner th	ne organization's ex	xempt purpos	e in		
5		g the year, did the organization solicit c s to be sold to raise funds rather than to						nılar	☐ Ye	s □ı	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ements. wered "Yes" on Form	m 990	, Part	IV,	line 9, or reporte	ed an amou	nt on F	orm 990	, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermedı	ary for	contril	outio	ns or other assets	not	☐ Ye	s 🗆 ı	No
b	If "Y∈	es," explain the arrangement in Part XII	I and complete the fol	lowing	table			Ar	nount		_
С	Begin	nning balance	·	_			1c				_
d	Addıt	ions during the year					1d				_
е	Dıstrı	butions during the year					1e				_
f	Endın	ng balance					1f				<u>_</u>
2a	Did th	he organization include an amount on Fo	orm 990, Part X, line 2	21, for	escrow	or c	ustodial account lia	ability?	☐ Ye	s 🗆 ı	No
b		es," explain the arrangement in Part XIII									
Pa	rt V	Endowment Funds. Complete if									
		·	(a)Current year	19 (d)	rior yea	r	(c)Two years back	(d)Three year	rs back	(e)Four ye	ars back
1a	Beginn	ing of year balance	1,368,482		1,032	,904	1,007,424	1,0	016,591	1	,005,658
b	Contrib	outions	250,000			,000			5,784		11,408
С	Net inv	estment earnings, gains, and losses	-48,595		116	,228	45,380	-	-14,951		23,178
d	Grants	or scholarships									
е		expenditures for facilities ograms	-35,693		80	,650	19,900				23,653
f	Admını	strative expenses									
g	End of	year balance	1,605,580		1,368	,482	1,032,904	1,0	007,424	1	,016,591
2 a		de the estimated percentage of the curr d designated or quasi-endowment >	ent year end balance 0 %	(line 1g	g, colui	mn (a	a)) held as				
b	Perm	anent endowment ► 100 000 %									
С	Temp	orarily restricted endowment > () %								
		percentages on lines 2a, 2b, and 2c shou									
За	orgar	here endowment funds not in the posses nization by nrelated organizations	ssion of the organizati	on that	t are h	eld ai	nd administered fo	r the	<u> </u>	Yes	No No
		elated organizations			•					(ii)	No
Ь		es" on 3a(II), are the related organization	ns listed as required o	n Sche	 dule R	· .				8b	+
4		ribe in Part XIII the intended uses of the								<u> </u>	
Pa	rt VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization answ							•		
	Descri	ption of property (a) Cost or ot (investment)	' '	or other	basis (d	other)	(c) Accumulated of	depreciation	(4	d) Book val	ue
1a	Land				2	6,946	5				26,946
b	Buildin	gs			1,52	21,182	2	1,519,996			1,186
С	Leaseh	nold improvements									
d	Equipm	nent			55	2,923	3	556,538			-3,615
e	Other				1,54	18,492	2	1,541,663			6,829
Tota	al. Add	lines 1a through 1e (Column (d) must e	equal Form 990, Part X	K, colun	nn (B),	. line	10(c))	>			31,346

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organızat	on answ	ered "Yes" on Form 9	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation of-year market value
	al derivatives	· · · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Complete if the organization answered 'Yes' on I				
	(a) Description of investment	(b) Bo	ok value		nod of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13)	► Vaslan Fann	- 000 Par	+ TV log 11d Cop Form	000 Part V luna 15
	Other Assets. Complete if the organization answered (a) Description		1 990, Pai	tiv, mne ild See Form	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Ye	s' on For	m 990, Part IV, line :	. ▶ 11e or 11f.
1. (1) Federal	(a) Description of liability		(b) Bo	ok value	
AWARDS PA				3,623,033	
	OSTRETIREMENT LIABILITY			1,684,999	
(4)	LEASE LIABILITY			25,731	
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 25)			5,333,763	
	or uncertain tax positions In Part XIII, provide the text of	of the footnote	to the org		ements that reports the

Part XI

2

5

1

2

а

b

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

-1,544,240

20,991,851

125,541

21,117,392

28,951,342

335,206

125,541

28.741.677

Schedule D (Form 990) 2018

28,616,136

u	Net difficultied gains (1035cs) of fifty countries.
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1
а	Investment expenses not included on Form 990, Part VIII, line 7b .
b	Other (Describe in Part XIII)
С	Add lines 4a and 4b

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

2a

2b

2c 2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

-2,264,240

720.000

125.541

720,000

-384,794

125,541

2e

3

4c

5

1

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 53-0196483

Name: SOCIETY FOR SCIENCE & THE PUBLIC

Supplemental Information									
Return Reference	Explanation								

THE ORGANIZATION'S ENDOWMENT IS TO BE USED TO SUPPORT OR EXPAND PROGRAMS THAT IMPACT K-12 STUDENTS, AND IF NECESSARY, FOR GENERAL OPERATING EXPENSES

PART V, LINE 4

Supplemental Information		
Return Reference	Explanation	
PART XII, LINE 2D - OTHER ADJUSTMENTS	ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT -384,794	

Sı

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93493266004059			
SCHEDULE F (Form 990)	Statement of	t of Activities Outside the United State				tates	OMB No 1545-0047
(1 om 000)	► Complete if the or	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. • Attach to Form 990.					2018
Department of the Treasury Internal Revenue Service	► Go to www	irs.gov/Form990 fo	or instructions an	d the latest ı	nformation		Open to Public Inspection
Name of the organization						Employer iden	tification number
SOCIETY FOR SCIENCE (& THE PUBLIC					53-0196483	
	Information on Activi , Part IV, line 14b.	ties Outside th	e United Stat	es. Comple	ete if the	organization ai	nswered "Yes" to
other assistance, to award the gra For grantmaker outside the Unite		or the grants or a	ssistance, and t	the selection	criteria (used s grants and oth	☑ Yes ☐ No ner assistance
3 Activites per Region	on (The following Part I, lir	ne 3 table can be du	uplicated if addit	ional space i	s needed)		
(a) Region	(b) Numbe offices in t region		ents, region (by ent fundraising n services, inves	g, program tments, grants located in the	program spe	ity listed in (d) is a service, describe cific type of ie(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data				•			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continua	ation sheets to	0	0				786,968 24,954
c Totals (add lines 3	a and 3b)	0	0		No 50082	2007	811,922 e F (Form 990) 2018

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)							Schedule	F (Form 990) 2018
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

(3)

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3320 and 3320-A, don't the with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (see Instructions for Form 54/1)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(See Institution for Form 6000)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	✓ Yes	□No

Schedule F (For	m 990) 2018
Pi ai m ai	upplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting ethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide my additional information (see instructions). e F, Supplemental Information
Return Reference	Explanation
PART I, LINE	

INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD

Additional Data

(a) Region

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 53-0196483

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Name: SOCIETY FOR SCIENCE & THE PUBLIC

AWARD PAYMENTS AND

HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS

311,479

Form 990 Schedule F Part I - Activities Outside The United States

n

	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
CENTRAL AMERICA AND THE CARIBBEAN	0	_	ACTIVITIES	AWARD PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	30,306

0 PROGRAM SERVICE

ACTIVITIES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (b) Number of (c) Number of offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICE AWARD PAYMENTS AND 178.765 & GREENLAND) ACTIVITIES HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN ISSP SCIENCE ICOMPETITIONS MIDDLE EAST AND NORTH 0 PROGRAM SERVICE AWARD PAYMENTS AND 91.861 AFRICA **IACTIVITIES** HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (b) Number of (c) Number of offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICE AWARD PAYMENTS AND 7.000 NORTH AMERICA ACTIVITIES HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN ISSP SCIENCE ICOMPETITIONS RUSSIA AND NEIGHBORING 0 PROGRAM SERVICE AWARD PAYMENTS AND 74.679 STATES ACTIVITIES HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (b) Number of (c) Number of offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICE AWARD PAYMENTS AND 57.907 SOUTH AMERICA **ACTIVITIES** HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN ISSP SCIENCE ICOMPETITIONS 0 PROGRAM SERVICE AWARD PAYMENTS AND 34.971 SOUTH ASIA **IACTIVITIES** HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICE 24.954 IAWARD PAYMENTS AND **ACTIVITIES** HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN ISSP SCIENCE COMPETITIONS

(i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND HOUSING AND WIRE 33.651 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR IHOUSING AND AUSTRALIA. SCIENCE TRAVEL FOR SSP IBRUNEI. ICOMPETITION | SCIENCE FAIRS IBURMA, IPARTICIPANTS CAMBODIA, MIDDLE EAST HOUSING AND WIRE 21,721 CONFERENCE lFM∨

BRONEL,
BURMA,
CAMBODIA,

MIDDLE EAST
AND NORTH
AFRICA ALGERIA,
BAHRAIN,
DJIBOUTI.

SCIENCE FAIRS

WIRE
21,721 CONFERENCE
HOUSING AND
TRAVEL FOR
SCIENCE
COMPETITION
PARTICIPANTS
DJIBOUTI.

Form 990 Schedule F Part II - Grants or Entities Outside The United States

EGYPT,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash book, FMV, cash and EIN(if organization arant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) EAST ASIA AND HOUSING AND WIRE lFM∨ 18,794 CONFERENCE THE PACIFIC -ITRAVEL FOR HOUSING AND laustralia. ISCIENCE TRAVEL FOR SSP SCIENCE FAIRS BRUNEI, ICOMPETITION . BURMA. IPARTICIPANTS. ICAMBODIA. CENTRAL HOUSING AND WIRE 18.712 CONFERENCE lFM∨ AMERICA AND HOUSING AND ITRAVEL FOR THE CARIBBEAN SCIENCE TRAVEL FOR SSP - ANTIGUA & ICOMPETITION SCIENCE FAIRS IBARBUDA. IPARTICIPANTS ARUBA, IBAHAMAS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (e) Amount (f) Manner of (g) Amount of valuation (d) Purpose of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If grant non-cash cash grant disbursement assistance appraisal, applicable) assistance other) SOUTH ASIA -HOUSING AND WIRE 16.785 CONFERENCE **IFMV** IAFGHANISTAN. TRAVEL FOR HOUSING AND BANGLADESH, ISCIENCE TRAVEL FOR SSP BHUTAN, INDIA, SCIENCE FAIRS COMPETITION MALDIVES, IPARTICIPANTS | NEPAL, EUROPE HOUSING AND WIRE 15.969 CONFERENCE IFMV (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP IGREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, |PARTICIPANTS ANDORRA, AUSTRIA. BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH AMERICA HOUSING AND WIRE 13,390 CONFERENCE **IFMV** ARGENTINA. ITRAVEL FOR HOUSING AND BOLIVIA, SCIENCE TRAVEL FOR SSP BRAZIL, CHILE, ICOMPETITION SCIENCE FAIRS ICOLUMBIA. **IPARTICIPANTS** ECUADOR, ISOUTH AMERICALHOUSING AND WIRE 11.923 CONFERENCE **IFMV** - ARGENTINA. ITRAVEL FOR HOUSING AND BOLIVIA. SCIENCE TRAVEL FOR SSP BRAZIL, CHILE, ICOMPETITION SCIENCE FAIRS COLUMBIA, **IPARTICIPANTS** IECUADOR,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (a) Name of section (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(If grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST HOUSING AND WIRE 11,618 CONFERENCE lFM∨ IAND NORTH TRAVEL FOR HOUSING AND AFRICA -SCIENCE TRAVEL FOR SSP ALGERIA. COMPETITION SCIENCE FAIRS BAHRAIN, IPARTICIPANTS DJIBOUTI, EGYPT. EUROPE HOUSING AND WIRE 10.942 CONFERENCE **IFMV** (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. PARTICIPANTS ANDORRA, AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash book, FMV, cash and EIN(if organization cash grant non-cash arant disbursement assistance appraisal. applicable) assistance other) MIDDLE EAST HOUSING AND WIRE lFM∨ 10,148 CONFERENCE IAND NORTH TRAVEL FOR HOUSING AND lafrica -ISCIENCE TRAVEL FOR SSP SCIENCE FAIRS ALGERIA, ICOMPETITION . lbahrain. IPARTICIPANTS. IDJIBOUTI. EGYPT, EAST ASIA AND HOUSING AND WIRE 10.141 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND laustralia. SCIENCE TRAVEL FOR SSP BRUNEI, ICOMPETITION . SCIENCE FAIRS BURMA, IPARTICIPANTS ICAMBODIA.

(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA AND** IHOUSING AND lwire: 9.527 CONFERENCE lFM∨ ITHE PACIFIC -ITRAVEL FOR IHOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, COMPETITION SCIENCE FAIRS IBURMA. IPARTICIPANTS CAMBODIA, ISUB-SAHARAN HOUSING AND WIRE 9.301 CONFERENCE **IFMV**

lafrica -TRAVEL FOR HOUSING AND ANGOLA, BENIN, SCIENCE TRAVEL FOR SSP BOTSWANA. COMPETITION SCIENCE FAIRS

| IPARTICIPANTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States

BURKINA FASO,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash non-cash (book. FMV. and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND IHOUSING AND WIRE 9,136 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, ICOMPETITION. SCIENCE FAIRS IBURMA. IPARTICIPANTS CAMBODIA, EAST ASIA AND HOUSING AND WIRE 8.960 CONFERENCE lFM∨ THE PACIFIC -ITRAVEL FOR IHOUSING AND SCIENCE TRAVEL FOR SSP laustralia. BRUNEI. COMPETITION SCIENCE FAIRS IBURMA, IPARTICIPANTS ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash non-cash (book. FMV. and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND IHOUSING AND WIRE 8,561 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, ICOMPETITION. SCIENCE FAIRS IBURMA. IPARTICIPANTS CAMBODIA, EAST ASIA AND HOUSING AND WIRE 8.305 CONFERENCE lFM∨ THE PACIFIC -ITRAVEL FOR IHOUSING AND SCIENCE TRAVEL FOR SSP laustralia. BRUNEI. COMPETITION SCIENCE FAIRS IBURMA, IPARTICIPANTS ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash book, FMV, cash and EIN(if organization cash grant non-cash arant disbursement assistance appraisal. applicable) assistance other) MIDDLE EAST HOUSING AND WIRE lFM∨ 8,216 CONFERENCE IAND NORTH TRAVEL FOR HOUSING AND lafrica -SCIENCE TRAVEL FOR SSP SCIENCE FAIRS ALGERIA, ICOMPETITION . lbahrain. IPARTICIPANTS. IDJIBOUTI. EGYPT, EAST ASIA AND HOUSING AND WIRE 8.014 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND laustralia. SCIENCE TRAVEL FOR SSP BRUNEI, ICOMPETITION . SCIENCE FAIRS BURMA, IPARTICIPANTS ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash book, FMV, cash and EIN(if organization cash grant non-cash arant disbursement assistance appraisal. applicable) assistance other) MIDDLE EAST HOUSING AND WIRE lFM∨ 7,737 CONFERENCE IAND NORTH TRAVEL FOR HOUSING AND lafrica -SCIENCE TRAVEL FOR SSP SCIENCE FAIRS ALGERIA, ICOMPETITION . lbahrain. IPARTICIPANTS. IDJIBOUTI. EGYPT, EAST ASIA AND HOUSING AND WIRE 7.590 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND laustralia. SCIENCE TRAVEL FOR SSP BRUNEI, ICOMPETITION | SCIENCE FAIRS BURMA, IPARTICIPANTS ICAMBODIA.

(i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region book, FMV, cash non-cash and EIN(ıf organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST HOUSING AND WIRE **IFMV** 7,310 CONFERENCE AND NORTH TRAVEL FOR HOUSING AND IAFRICA -SCIENCE TRAVEL FOR SSP ALGERIA, COMPETITION SCIENCE FAIRS lbahrain. IDJIBOUTI. EGYPT, SOUTH AMERICA HOUSING AND WIRE 7.182 CONFERENCE FMV ARGENTINA, ITRAVEL FOR HOUSING AND BOLIVIA. SCIENCE TRAVEL FOR SSP BRAZIL, CHILE, ICOMPETITION SCIENCE FAIRS COLUMBIA, **IPARTICIPANTS**

Form 990 Schedule F Part II - Grants or Entities Outside The United States

IECUADOR,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(if organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) HOUSING AND WIRE lFM∨ EAST ASIA AND 7,179 CONFERENCE THE PACIFIC -TRAVEL FOR HOUSING AND IAUSTRALIA. SCIENCE ITRAVEL FOR SSP BRUNEI, BURMA, COMPETITION SCIENCE FAIRS ICAMBODIA. IPARTICIPANTS EUROPE HOUSING AND WIRE 7,170 CONFERENCE |FMV (INCLUDING TRAVEL FOR HOUSING AND SCIENCE TRAVEL FOR SSP ICELAND & GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. PARTICIPANTS ANDORRA, AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(If cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN HOUSING AND WIRE 7,117 CONFERENCE IFMV IAFRICA -TRAVEL FOR HOUSING AND ANGOLA, BENIN, SCIENCE TRAVEL FOR SSP BOTSWANA, COMPETITION SCIENCE FAIRS BURKINA FASO. IPARTICIPANTS RUSSIA AND HOUSING AND WIRE 7.084 CONFERENCE **IFMV** INEIGHBORING TRAVEL FOR HOUSING AND ISTATES -SCIENCE TRAVEL FOR SSP COMPETITION SCIENCE FAIRS IARMENIA, AZERBIJAN. PARTICIPANTS BELARUS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) RUSSIA AND HOUSING AND WIRE 7,046 CONFERENCE IFMV INEIGHBORING TRAVEL FOR HOUSING AND SCIENCE ISTATES -TRAVEL FOR SSP ARMENIA, COMPETITION SCIENCE FAIRS AZERBIJAN, IPARTICIPANTS BELARUS, **LEAST ASIA AND** HOUSING AND WIRE 7.042 CONFERENCE **IFMV** THE PACIFIC -TRAVEL FOR HOUSING AND SCIENCE TRAVEL FOR SSP IAUSTRALIA, BRUNEI, BURMA, COMPETITION SCIENCE FAIRS CAMBODIA, IPARTICIPANTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash non-cash (book. FMV. and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA AND IHOUSING AND WIRE 6,790 CONFERENCE IFMV THE PACIFIC -ITRAVEL FOR HOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, COMPETITION SCIENCE FAIRS IBURMA. IPARTICIPANTS CAMBODIA, EAST ASIA AND HOUSING AND WIRE 6.772 CONFERENCE lFM∨ THE PACIFIC -ITRAVEL FOR IHOUSING AND SCIENCE TRAVEL FOR SSP laustralia. BRUNEI. COMPETITION SCIENCE FAIRS IBURMA, IPARTICIPANTS ICAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (a) Name of section (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(If grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE HOUSING AND WIRE 6.747 CONFERENCE lFM∨ (INCLUDING ITRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, IPARTICIPANTS ANDORRA, AUSTRIA, BELGIUM CENTRAL HOUSING AND WIRE 6.609 CONFERENCE lFM∨ IAMERICA AND ITRAVEL FOR HOUSING AND THE CARIBBEAN SCIENCE TRAVEL FOR SSP - ANTIGUA & COMPETITION SCIENCE FAIRS PARTICIPANTS IBARBUDA. ARUBA, BAHAMAS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (e) Amount (f) Manner of (g) Amount of valuation (d) Purpose of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(If grant non-cash cash grant disbursement assistance appraisal, applicable) assistance other) EUROPE HOUSING AND WIRE 6.535 CONFERENCE **IFMV** (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -SCIENCE FAIRS ICOMPETITION ALBANIA, | IPARTICIPANTS ANDORRA, AUSTRIA, BELGIUM SOUTH ASIA -HOUSING AND WIRE 6.408 CONFERENCE **IFMV** IAFGHANISTAN. TRAVEL FOR HOUSING AND BANGLADESH, ISCIENCE TRAVEL FOR SSP BHUTAN, INDIA, COMPETITION SCIENCE FAIRS IMALDIVES. IPARTICIPANTS 1 2 2 2 NEPAL,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (a) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(if organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) HOUSING AND WIRE lFM∨ EAST ASIA AND 6,255 CONFERENCE THE PACIFIC -TRAVEL FOR HOUSING AND IAUSTRALIA. SCIENCE ITRAVEL FOR SSP BRUNEI, BURMA, COMPETITION SCIENCE FAIRS ICAMBODIA. IPARTICIPANTS EUROPE HOUSING AND WIRE 6,198 CONFERENCE |FMV (INCLUDING TRAVEL FOR HOUSING AND SCIENCE TRAVEL FOR SSP ICELAND & GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. PARTICIPANTS ANDORRA, AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) RUSSIA AND HOUSING AND WIRE 6,115 CONFERENCE IFMV INEIGHBORING TRAVEL FOR HOUSING AND SCIENCE ISTATES -TRAVEL FOR SSP ARMENIA, COMPETITION SCIENCE FAIRS AZERBIJAN, IPARTICIPANTS BELARUS, **LEAST ASIA AND** HOUSING AND WIRE 5.939 CONFERENCE **IFMV** THE PACIFIC -TRAVEL FOR HOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, BURMA, COMPETITION SCIENCE FAIRS CAMBODIA, IPARTICIPANTS

(1) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(If grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE HOUSING AND WIRE 5,908 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, IPARTICIPANTS ANDORRA, AUSTRIA, BELGIUM EUROPE HOUSING AND WIRE 5,889 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. IPARTICIPANTS ANDORRA,

Form 990 Schedule F Part II - Grants or Entities Outside The United States

AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) **EAST ASIA AND** HOUSING AND WIRE 5,819 CONFERENCE IFMV THE PACIFIC -TRAVEL FOR HOUSING AND AUSTRALIA, SCIENCE TRAVEL FOR SSP BRUNEI, BURMA, COMPETITION SCIENCE FAIRS ICAMBODIA. IPARTICIPANTS RUSSIA AND HOUSING AND WIRE 5.819 CONFERENCE **IFMV** INEIGHBORING TRAVEL FOR HOUSING AND ISTATES -SCIENCE TRAVEL FOR SSP COMPETITION SCIENCE FAIRS IARMENIA, AZERBIJAN. PARTICIPANTS BELARUS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(ıf organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST HOUSING AND WIRE IFMV. 5,777 CONFERENCE AND NORTH TRAVEL FOR HOUSING AND lafrica -SCIENCE TRAVEL FOR SSP ALGERIA, COMPETITION SCIENCE FAIRS PARTICIPANTS lbahrain, ldjibouti. EGYPT, RUSSIA AND HOUSING AND WIRE 5.575 CONFERENCE IFMV. INEIGHBORING TRAVEL FOR HOUSING AND ISTATES -SCIENCE TRAVEL FOR SSP ARMENIA, COMPETITION SCIENCE FAIRS AZERBIJAN, PARTICIPANTS

IBELARUS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN HOUSING AND lwire: 5,535 CONFERENCE lFM∨ IAFRICA -ITRAVEL FOR IHOUSING AND |ANGOLA, BENIN, SCIENCE TRAVEL FOR SSP BOTSWANA. COMPETITION SCIENCE FAIRS BURKINA FASO. IPARTICIPANTS **LEAST ASIA AND** HOUSING AND lwire 5.436 CONFERENCE **IFMV** IHOUSING AND THE PACIFIC -ITRAVEL FOR AUSTRALIA, ISCIENCE TRAVEL FOR SSP COMPETITION SCIENCE FAIRS IBRUNEI.

IBURMA.

CAMBODIA,

PARTICIPANTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(ıf organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST HOUSING AND WIRE IFMV. 5,415 CONFERENCE AND NORTH TRAVEL FOR HOUSING AND lafrica -SCIENCE TRAVEL FOR SSP ALGERIA, COMPETITION SCIENCE FAIRS PARTICIPANTS lbahrain, ldjibouti. EGYPT, RUSSIA AND HOUSING AND WIRE 5.315 CONFERENCE IFMV. INEIGHBORING TRAVEL FOR HOUSING AND ISTATES -SCIENCE TRAVEL FOR SSP ARMENIA, COMPETITION SCIENCE FAIRS AZERBIJAN, PARTICIPANTS

BELARUS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (e) Amount (f) Manner of (g) Amount of valuation (d) Purpose of (a) Name of section (c) Region cash non-cash (book, FMV. organization and EIN(If grant non-cash cash grant disbursement appraisal, assistance applicable) assistance other) SOUTH ASIA -HOUSING AND WIRE 5.278 CONFERENCE **IFMV** IAFGHANISTAN. TRAVEL FOR HOUSING AND BANGLADESH, ISCIENCE TRAVEL FOR SSP BHUTAN, INDIA, COMPETITION SCIENCE FAIRS MALDIVES. NEPAL, RUSSIA AND HOUSING AND WIRE 5.175 CONFERENCE IFMV NEIGHBORING TRAVEL FOR HOUSING AND STATES -SCIENCE TRAVEL FOR SSP ARMENIA. COMPETITION SCIENCE FAIRS AZERBIJAN, IPARTICIPANTS

IBELARUS,

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(If grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE HOUSING AND WIRE 5,055 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, IPARTICIPANTS ANDORRA, AUSTRIA, BELGIUM EUROPE HOUSING AND WIRE 5,035 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. IPARTICIPANTS ANDORRA,

AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) IFMV RUSSIA AND HOUSING AND WIRE 5.029 CONFERENCE INEIGHBORING TRAVEL FOR HOUSING AND ISTATES -SCIENCE TRAVEL FOR SSP ARMENIA, COMPETITION SCIENCE FAIRS AZERBIJAN, IPARTICIPANTS BELARUS, IEUROPE HOUSING AND WIRE 5.019 CONFERENCE IFMV. (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP IGREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, PARTICIPANTS ANDORRA. AUSTRIA. BELGIUM

(1) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(If grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE HOUSING AND WIRE 5,018 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA, IPARTICIPANTS ANDORRA, AUSTRIA, BELGIUM EUROPE HOUSING AND WIRE 5,015 CONFERENCE lFM∨ (INCLUDING TRAVEL FOR HOUSING AND ICELAND & SCIENCE TRAVEL FOR SSP GREENLAND) -COMPETITION SCIENCE FAIRS ALBANIA. IPARTICIPANTS ANDORRA,

Form 990 Schedule F Part II - Grants or Entities Outside The United States

AUSTRIA, BELGIUM

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Description of (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (h) Method of disbursement valuation (book, or assistance cash grant non-cash non-cash recipients assistance assistance FMV, appraisal, other) ISEE AWARD 1,000 EFT CENTRAL AMERICA AND THE CARIBBEAN ISEF AWARD 75 133,500 EFT EAST ASIA AND

THE PACIFIC

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) ISEF AWARD 35 36,000 EFT IEUROPE : (INCLUDING ITCELAND & GREENLAND) ISEF AWARD 8,000 EFT MIDDLE EAST AND NORTH AFRICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of (c)Number or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) ISEF AWARD 7.000 EFT INORTH AMERICA ISEF AWARD 10.000 EFT RUSSIA AND INFIGHBORING ISTATES

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of (b) Region assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) ISEF AWARD 4.000 EFT ISOUTH IAMERICA ISEF AWARD 6,500 EFT SOUTH ASIA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (b) Region assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) ISEF AWARD 3,000 EFT ISUB-SAHARAN AFRICA

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

3

8

10

THE STELTER CO

10435 NEW YORK AVE

DES MOINES, IA 50322

DLN: 93493266004059

2018

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Open to Public Inspection

Name of the organization **Employer identification number** SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Dıd (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No CONSULTING 1 AVALON 805 15TH ST NW STE 700 No 977,127 203,010 774,117 WASHINGTON, DC 20005 CONSULTING CAMPBELL CONSULTING ONE EAST WACKER DRIVE No 723,456 154,956 568,500 STE 2100 CHICAGO, IL 60601

Total	•	•	1,721,083	363,466	1,357,617
3 List all states in which the organization is reg licensing	gistered or licensed	to soli	cit contributions or has be	een notified it is exempt f	rom registration or

No

AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA , WV, WI

CONSULTING

20,500

5,500

15,000

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493266004059 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SOCIETY FOR SCIENCE & THE PUBLIC 53-0196483 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistance to Part III can be duplicated if additio	Domestic Individua onal space is needed	als. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STEM ACTION AND RESEARCH GRANTS	33	133,000			1
(2) AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	50	164,000			
(3) AWARDS FOR PARTICIPANTS IN SSP SCIENCE EDUCATION COMPETITIONS	1276	2,909,851			
(3)					
(4)					
(5)					
(6)					
					

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Explanation

Return Reference

PART I, LINE 2 ORGANIZATION RECIPIENTS ARE REQUIRED TO PROVIDE A WRITTEN REQUEST DETAILING HOW THE FUNDS WILL BE USED INDIVIDUAL RECIPIENTS ARE PAID

THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM THE INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD

Schedule I (Form 990) 2018

Additional Data

BRONX HIGH SCHOOL OF

SCIENCE

75 W 205TH ST BRONX, NY 10468

Software ID: Software Version: EIN:

13-6400434

EIN: 53-0196483

Name: SOCIETY FOR SCIENCE & THE PUBLIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

(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
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVE HACKENSACK, NJ 07601	22-6002432	501C3	22,000				SCIENCE COMPETITION AWARD

SCIENCE COMPETITION

AWARD

34,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-6007152 501C3 10.000 BYRAM HILLS HIGH SCHOOL SCIENCE COMPETITION

10 TRIPP LANE
ARMONK, NY 10504

CANYON CREST ACADEMY
5951 VILLAGE CENTER LOOP

AWARD

AWARD

SCIENCE COMPETITION
AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROAD

SAN DIEGO, CA 92130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ITION

SCIENCE COMPETITION

IAWARD

CENTENNIAL HIGH SCHOOL	52-6000968	501C3	6,000		SCIENCE COMPETIT
4300 CENTENNIAL LANE					AWARD
ELLICOTT CITY, MD 21042					

8,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

GREENWICH HIGH SCHOOL

GREENWICH, CT 06830

10 HILLSIDE RD

06-6002006

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-6001027 501C3 10.000 HUNTER COLLEGE HIGH SCIENCE COMPETITION SCHOOL IAWARD

AWARD

SCHOOL
71 EAST 94TH ST
NEW YORK, NY 10128

JERICHO SENIOR HIGH 11-6002037 501C3 22.000

SCIENCE COMPETITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOOL

99 CEDAR SWAMP RD JERICHO, NY 11753

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TOTAL MILLER CREAT NECK 11 6002011 E0103 6 000 SCIENCE COMPETITION

AWARD

KEYSTONE SCHOOL	74-1193337	501C3	6.000		SCIENCE COMPETITION
35 POLO ROAD GREAT NECK, NY 11023					
NORTH HIGH SCHOOL	11-6002011	301C3	6,000		AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANTONIO, TX 78212

119 E CRAIG PLACE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SCIENCE COMPETITION

IAWARD

LEXINGTON HIGH SCHOOL 1625 MASSACHUSETTS AVE LEXINGTON, MA 02420	04-6001200	501C3	6,000		SCIENCE COMPETITION AWARD

12,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

LYNBROOK HIGH SCHOOL

SAN JOSE, CA 95129

1280 JOHNSON AVENUE

77-0363503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-6000989 501C3 22.000 MONTGOMERY BLAIR HIGH SCIENCE COMPETITION SCHOOL IAWARD

850 HUNGERFORD DRIVE ROCKVILLE, MD 20850

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1219 BROAD STREET DURHAM, NC 27705

NORTH CAROLINA SCHOOL OF 56-1250756 501C3 14.000 SCIENCE COMPETITION SCIENCE AND MATH AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-6007160 501C3 8.000 OSSINING HIGH SCHOOL SCIENCE COMPETITION

29 SOUTH HIGHLAND AVENUE IAWARD OSSINING, NY 10562 SMITHTOWN HIGH SCHOOL 11-6003110 501C3 6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST JAMES, NY 11780

ISCIENCE COMPETITION FAST IAWARD 10 SCHOOL ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance STUYVESANT HIGH SCHOOL 69-0210637 501C3 8.000 SCIENCE COMPETITION 345 CHAMBERS STREET IAWARD NEW YORK, NY 10282

ISCIENCE COMPETITION

AWARD

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

TEXAS ACADEMY OF

305309

MATHEMATICS AND SCIENCE

1155 UNION CIRCLE PO BOX

DENTON, TX 762035309

75-6002149

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1613808 501C3 12.000 THE HARKER SCHOOL SCIENCE COMPETITION 4525 UNION AVENUE IAWARD ISCIENCE COMPETITION

SAN JOSE, CA 95124 THOMAS JEFFERSON HIGH 54-0805373 501C3 14.000 SCHOOL FOR SCIENCE AND AWARD TECHNOLOGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6560 BRADDOCK ROAD ALEXANDRIA, VA 22312

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501C3 8.000 WILLIAM A SHINE GREAT 11-6002011 ISCIENCE COMPETITION NECK SOUTH HIGH SCHOOL AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

341 LAKEVILLE ROAD GREAT NECK, NY 11020

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493266							6004	059
Sch	nedule J	Compensation Information OMI					1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	•		
		► Complete if the org	anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	3
Denar	tment of the Treasury	▶ Go to www.irs.ao		n to Form 990. Tinstructions and the latest inform			o Pul	
Intern	al Revenue Service	-				Insp	ectio	n
	me of the organiza CIETY FOR SCIENCE				Employer identificat	ion nu	ımber	
					53-0196483			
Pa	rt I Questi	ons Regarding Compensa	tion					
1a				f the following to or for a person liste ly relevant information regarding the			Yes	No_
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payment	s 🛂	Health or social club dues or initiati				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e tar			
3	organization's C	EO/Executive Director Check al	l that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
		-		•				
	· ·	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the year	, did any person listed on Form 9	990, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza							
a		ance payment or change-of-conf		.6. db		4a		No_
b c	•	r receive payment from, a suppl r receive payment from, an equi	•	· ·		4b 4c		No No
·	•			plicable amounts for each item in Par	t III	40		110
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
a	The organization					6a		No
Ь	Any related orga					6b		No_
7	·	6a or 6b, describe in Part III	n Allino to didi	the organization provide any naufura	d			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe irt III	u	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018

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 are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title				(D) Nontaxable benefits	benefits columns	Compensation in			
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	!	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990		
See Additional Data Table						1			
					'				
					1				
					-				
					-				
					<u> </u>				
			1			<u> </u>			
					1				
<u> </u>	+				+'				

Schedule J (Form 990) 2018									
Part III Supplemental Inform	art 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									
Return Reference	Explanation								
PART I, LINE 1A	THE ORGANIZATION REIMBURSES HEALTH CLUB DUES FOR EMPLOYEES THE BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS								

Return Reference	Explanation
PART I, LINE 7	THE ORGANIZATION AWARDED BONUSES TO SEVERAL EMPLOYEES REPORTED IN PART VII, SECTION A

2018 Schedule 1

Additional Data

NANCY SHUTE EDITOR IN CHIEF

JAMES MOORE

CHIEF IT OFFICER

GAYLE KANSAGOR

CAIT GOLDBERG CHIEF, EVENTS & OPERATIONS

EDWARD MAXWELL

DIRECTOR OF FINANCE

JANET RALOFF

OFFICER

EDITOR

CHIEF COMMUNICATIONS

(1)

(1)

(1)

(ı)

(1)

(1)

(11)

173,590

152,748

165,755

140,874

129,738

116,772

2,500

10,000

4,000

15,000

Additional Date								
			Software ID:					
			Software Version:					
			EIN:	53-0196483				
			Name:	SOCIETY FOR SCIEN	CE & THE PUBLIC			
Form 990, Schedule	J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISo (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MAYA AJMERA PRESIDENT & CEO	(1)	325,232	55,000	12,317	27,500	27,582	447,631	0
	(11)	0	0	0	0	0	0	0
MICHELE GLIDDEN CHIEF PROGRAM OFFICER	(1)	181,801	5,000	1,923	18,334	8,696	215,754	0
	(11)	0	0	0	0	0	0	0
BRUCE MAKOUS CHIEF ADVANCEMENT	(1)	180,872	12,500	4,521	18,746	16,990	233,629	0
OFFICER	(11)	0	0	0	0	0	0	0
KATHLENE COLLINS CHIEF MARKETING OFFICER	(1)	172,760	2,000	1,994	17,860	25,946	220,560	0
	(11)	0	0	0	0	0	0	0

2,496

1,059

992

1,882

3,947

1,774

15,205

16,000

17,000

14,626

13,636

12,558

191,291

197,679

208,395

177,180

159,553

173,050

0

25,372

14,648

15,798

12,232

26,946

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN: 93493266004059
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	cific questions on information.	OMB No 1545-0047 2018 Open to Public Inspection
SOCIETY FOR SCIENCE & THE PUBLIC		Employer i 53-0196483	dentification number
Return Reference	e O, Supplemental Information Explanation		
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, THE CHAIR OF THE COMMITTEE ON TRUSTEES, AND ONE OTHER TRUSTEE, WHO SHALL BE ELECTED AT THE ANNUAL MEETING TO SERVE FOR A TERM OF ONE YEAR OR UNTIL REPLACED THE CHAIR OF THE BOARD SHALL SERVE AS COMMITTEE CHAIR THE COMMITTEE SHALL MEET AT THE CALL OF ITS CHAIR OR UPON THE REQUEST OF TWO MEMBERS THE EXECUTIVE COMMITTEE IS AUTHORIZED TO EXERCISE ALL THE POWERS OF THE BOARD, EXCEPTING THE POWER TO AMEND THE BYLAWS, WHILE THE BOARD IS NOT IN SESSION		

Return Explanation
Reference

FORM 990, THE FORM 990 WAS PROVIDED TO SSP'S AUDIT COMMITTEE FOR REVIEW AND COMMENTS PRIOR TO FILIN G, THE FORM 990 WAS ALSO PROVIDED TO THE REST OF SSP'S BOARD FOR REVIEW SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, ONCE A YEAR, OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES ARE REQ UIRED TO AFFIRMATIVELY DISCLOSE ANY POTENTIAL CONFLICTS BY FILLING OUT A FORM RESPONDING T SECTION B, O THIS INQUIRY THESE REPONSES ARE REVIEWED BY SSP MANAGEMENT AND THE SSP AUDIT COMMITTEE LINE 12C

Doturn

FORM 990, PART VI, SECTION B, LINE 15 INDICATE: COMPENSATION FOR THE CEO, AS WELL AS THE OFFICERS AND KEY EMPLOYEES, WAS REVIEWED AND APPR OVED BY THE EXECUTIVE COMMITTEE, WHICH IS INDEPENDENT AND HAS ITS DELIBERATIONS AND DECISIONS DOCUMENTED SSPHIRED AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT TO BENCHMARK SA RIES FOR EACH ORGANIZATIONAL POSITION THIS DATA WAS PROVIDED TO THE EXECUTIVE COMMITTEE A ND CONSIDERED WHEN MAKING THE COMPENSATION DECISIONS FOR THE CEO, OFFICERS, AND KEY EMPLOY EES	ALA

Evolunation

Return Explanation
Reference DOCUMENTS ARE MADE AVAILABLE LIBON REQUEST AND ON SERIE WEREITS

LINE 19

FORM 990, DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ON SSP'S WEBSITE PART VI, SECTION C.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	AV PRODUCTION AND EXHIBIT SERVICES PROGRAM SERVICE EXPENSES 1,096,493 MANAGEMENT AND GEN ERAL EXPENSES 4,766 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,101,259 TEMPORARY HELP PRO GRAM SERVICE EXPENSES 10,506 MANAGEMENT AND GENERAL EXPENSES 138,714 FUNDRAISING EXPENSE S 2,366 TOTAL EXPENSES 151,586 MAGAZINE CONSULTANTS PROGRAM SERVICE EXPENSES 81,839 MA NAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 709 TOTAL EXPENSES 82,548 TRANSLAT ION SERVICES PROGRAM SERVICE EXPENSES 19,608 MANAGEMENT AND GENERAL EXPENSES 69 FUNDRAI SING EXPENSES 0 TOTAL EXPENSES 69 FUNDRAI SING EXPENSES 0 TOTAL EXPENSES 19,677 COPY EDITOR PROGRAM SERVICE EXPENSES 59,797 MANA GEMENT AND GENERAL EXPENSES 19,677 COPY EDITOR PROGRAM SERVICE EXPENSES 59,797 MANA GEMENT AND GENERAL EXPENSES 20,507 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 69 FUNDRAISING EXPENSES 2,750 TOTAL EXPENSES 276,994 MANAGEMENT AND GENERAL EXPENSES 1,396 FUNDRAISING EXPENSES 2,750 TOTAL EXPENSES 281,140 SECURITY SERVICES PROGRAM SERVICE EXPENSES 21 1,381 MANAGEMENT AND GENERAL EXPENSES 21,140 SECURITY SERVICES PROGRAM SERVICE EXPENSES 21 1,381 MANAGEMENT AND GENERAL EXPENSES 1,755 FUNDRAISING EXPENSES 273 TOTAL EXPENSES 21 1,381 MANAGEMENT AND GENERAL EXPENSES 1,755 FUNDRAISING EXPENSES 273 TOTAL EXPENSES 21 1,586 MANAGEMENT AND GENERAL EXPENSES 10 1,755 FUNDRAISING EXPENSES 273 TOTAL EXPENSES 28,596 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 109,420 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 110,706 HONORARIA PROGRAM SERVICE EXPENSES 109,420 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 110,706 HONORARIA PROGRAM SERVICE EXPENSES 273,015 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 273,015 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,420 FUNDRAISING EXPENSES 9 TOTAL EXPENSES 51,208 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,208 FREELANCE PHOTOGRAPHERS PROGRAM SERVICE EXPENSES 51,982 MANAGEMENT AND GENERAL EXPENSES 12,208 FREELANCE PHOTOGRAPHERS PROGRAM SERVICE EXPENSES 51,982 OTHER SERVICES PROGRAM SERVICE EXPENSES 384,184 MANAGEMENT AND

Explanation Return Reference

FORM 990. ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT 384.794 PART XI,

LINE 9

990 Schedule O, Supplemental Information

Return Explanation Reference

FORM 990. THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM. THE PROCESS HAS NOT

PART XII. CHANGED FROM THE PRIOR YEAR LINE 2C